VACCINATIE: VERZIEKING VAN HET LICHAAM EN BEKNOTTING VAN DE GEEST

EEN OPEN BRIEF AAN DE PRESIDENT VAN SURINAME

De President van Suriname
Drs. R.R. Venetiaan

Paramaribo, 31 december 2009

Geachte Heer President,

Binnen de instellingen van openbare gezondheidszorg en bij medici is de visie dominant, dat het vaccineren van de bevolking tegen bepaalde infectieziekten noodzakelijk is om hen tegen die ziekten te beschermen. Gezegd wordt dat het bewust en gericht inbrengen van de ziekteverwekker in het lichaam – in een levende maar afgezwakte vorm of in de vorm van RNA of DNA – deze ziekte in lichte mate ontstaat en het immuunstelsel stimuleert om antistoffen in het lichaam aan te maken om de ziekte te bestrijden. Zo zouden we dan immuun gemaakt worden tegen de betreffende ziekte. De vaccinatie wordt gezien als een veilige en onschuldige handeling, die hooguit in de dagen daarna zou kunnen resulteren in lichte ziekteverschijnselen, maar dat deze in het algemeen binnen 1 à 2 weken weer weg zouden gaan. Dat is wat de samenleving dan ook in het algemeen wordt voorgehouden, en zo wordt het ook in het algemeen door het Ministerie van Volksgezonheid beleidsmatig uitgevoerd.

Zelfs wordt het veilig geacht:

- Dat zwangere vrouwen in voorkomende gevallen van bijvoorbeeld een heersende griep, zoals nu de 'mexicaanse' griep, daartegen gevaccineerd worden, en zelfs gezien worden als een risicogroep aan wie prioriteit wordt verleend in vaccinatiecampagnes.
- Dat zelfs ook baby's vanaf de eerste dag van hun geboorte een serie vaccinaties krijgen. Volgens het vaccinatieschema moeten ze na anderhalf jaar 11 vaccinaties hebben gehad tegen 10 verschillende ziekten, waarbij ze bij hun geboorte één vaccinatie krijgen en op hun 2e, 4e en 6e maand op één dag 2 vaccinaties tegen 6 ziekten tegelijk. En zo gaat het in hun kinderjaren door.
- Dat de staat zelfs zover gaat om vaccinatie van kinderen volgens het vaccinatieschema verplicht te stellen, alvorens deze kinderen toe te laten op de scholen. Jaarlijks stuurt het Nationaal Immunisatie Programma van het Bureau Openbare Gezondheidszorg een schrijven gericht aan de hoofden en directeuren van scholen, met de volgende instructie: "U wordt verzocht erop toe te zien dat kinderen zonder vaccinatiebewijs, volgens het vaccinatiedecreet niet worden toegelaten tot de school."

Om zulke verstrekkende en ingrijpende handelingen te verrichten moet de staat wel een blindelings vertrouwen hebben in de medisch-wetenschappelijke theorie die aan vaccinaties ten grondslag ligt en in de farmaceutische bedrijven die de vaccins maken.

Echter, is dat blindelings vertrouwen wel gerechtvaardigd? Zijn de vaccins werkelijk zo onschuldig, zo veilig en zo effectief? Om daarachter te komen moeten we ons enkele vragen stellen:

1. WELKE INGREDIËNTEN (BESTANDDELEN) ZITTEN IN DE VACCINS?

a) Viera Scheibner Ph.D., Research Wetenschapper en gepensioneerd Directrice van de New South Wales Health Department van Australië, geeft in haar artikel 'Adverse Effects Of Adjuvants In Vaccines – Part 1', gepubliceerd in december 2000, de volgende groepsindeling van deze substanties: [Viera Scheibner PhD – 2000-12 Adverse Effects of Adjuvants in Vaccines (Part 1)] <http://www.whale.to/vaccine/adjuvants.html> (zie digitale bijlage op DVD).

- Antigenen: Micro-organismen, bacteriën of virussen, waarvan gedacht wordt dat zij verwekkers zijn van infectieziekten, die het vaccin naar veronderstelling moet voorkomen. Dit zijn hele eiwitcellen of alleen maar de eiwitomhulsels van gebroken cellen.
- Hulpstoffen: Chemische substanties, waarvan gedacht wordt dat zij de immuunrespons op het vaccin verhogen.
- Conserveringsmiddelen: Chemische substanties ter conservering van het vaccin.
- Fixeermiddelen voor weefsels: Chemische substanties, waarvan verondersteld wordt dat zij elke verdere reactie en verval (afbraak of vermenigvuldiging) van de levende of verzwakte (of dode) biologische bestanddelen van het vaccin stoppen.

De meest algemene hulpstoffen die ten tijde van het schrijven van het artikel gebruikt werden zijn: Aluminium hydroxide, aluminium fosfaat en calcium fosfaat. Calcium fosfaat is een normaal bestanddeel van het lichaam. Verder vermeldt Viera Scheibner vele andere hulpstoffen, waaronder squalene, een organische polymeer. Het gebruik van deze hulpstoffen maakt het mogelijk dat minder antigenen gebruikt hoeven te worden om de verlangde immuunrespons te bereiken, hetgeen de productiekosten van vaccins verlaagt.

b) **Dr. Joseph Mercola**'s website vermeldt een gespecificeerde lijst van vaccinsubstanties, gepubliceerd op 7-3-2001. [Mercola - 2001-03-07 Vaccine Fillers and Ingredients] (zie digitale bijlage op DVD). [In het algemeen komt een geselecteerd aantal van deze substanties (en ook anderen) in een vaccin voor, afhankelijk van welk vaccin het is, welk farmaceutisch bedrijf dat vaccin heeft geproduceerd en wanneer het geproduceerd is.]

• Het hoofdbestanddeel: Het viraal of bacterieel RNA of DNA van de ziekteverwekker.

Verder ook de volgende nevenbestanddelen:

• Aluminium hydroxide
• Aluminium fosfaat
• Ammonium sulfaat
• Amphotericin B
• Dierenweefsels: varkensbloed, paardenbloed, konijnenhersenen, hondennier, apennier, kippenembryo, kippen-ei, eenden-ei
• Kalf (rund) serum
• Betapropiolactone
• Foetaal runderserum
• Formaldehyde
• Formaline
• Gelatine
• Glycerol
• Menselijke dubbelcellen (van menselijk geaborteerd foetaal weefsel)
• Gehydroliseerde gelatine
• Monosodium glutamaat (MSG)
• Neomycine
• Neomycine sulfaat
• Fenol rode indicator
• Phenoxyethanol (antifriesmiddel)
• Kalium difosfaat
• Kalium monofosfaat
• Polymyxin B
• Polysorbate 20
• Polysorbate 80
• Caseïne 'hydrolysate' van varkensalvleesklier
• Overgebleven MRC5 proteïnen
• Sorbitol
• Sucrose
• Thimerosal (kwik)
• Tri(n)butylfosfaat
• Vero cellen, een onafgebroken lijn van apenniercellen
• Gewassen rode bloedcellen van schapen

c) **Dr. Russell Blaylock MD**, Neurochirurg, vermeldt in zijn artikel 'What to do If You Are Forced to Take Swine Flu Shot' van 19 september 2009 welke substanties zitten in het reguliere griepvaccin. (zie digitale bijlage op DVD). Zie ook de luchtige videopresentatie van YouTube op de DVD: "What's In Your Vaccine: The Shocking Truth!"

• Ei-proteïnen
• Gelatine
• Polysorbate 80 (Tween80™)
• Formaldehyde
• Triton X100: sterk reinigingsmiddel
• Sucrose: Geraffineerde suiker
• Hars
• Gentamycine: Antibioticum
• Thimerosal: Kwik

Dit kan van toepassing zijn op het Haemophilus Influenzae B (HIB) vaccin, dat in ons land geïnjecteerd wordt in baby's van 2 maanden, 4 maanden en 6 maanden oud.

Mercury-containing Flu shots* in early childhood will exceed the EPA guidelines for maximum daily mercury exposure

Age	Avg Wt for age	Max allowable mercury exposure (for avg weight at age)	mercury in flu shot	Factor over EPA limits
6 mo	7.7 kg	0.77 mcg	12.5 mcg	16.2 x
12 mo	10.5 kg	1.05 mcg	12.5 mcg	11.9 x
24 mo	12.3 kg	1.23 mcg	12.5 mcg	10.2 x
36 mo	14.5 kg	1.45 mcg	25 mcg	17.2 x
4 yr	16.3 kg	1.63 mcg	25 mcg	15.3x
6 yr	20.5 kg	2.05 mcg	25 mcg	12.2 x
fetus	1.0 kg†	0.01 mcg	25 mcg	250 x
adult	70 kg	7.0 mcg	25 mcg	3.5 x

* based on EPA RfD, (0.1mcg/kg)
† example for 28 week gestation

Nevenstaand overzicht geeft weer hoeveel kwik het griepvaccin bevat waarin thimerosal zit en in welke mate de maximaal toelaatbare blootstelling aan kwik in het lichaam, volgens de standaarden van de Environmental Protection Agency (EPA), overschreden wordt voor diverse leeftijds- c.q. gewichtsgroepen.

Dit overzicht betreft slechts het griepvaccin. Baby's van 2 maanden, 4 maanden en 6 maanden oud krijgen echter in ons land, volgens het vaccinatieschema, op de dag van vaccinatie 6 vaccins tegelijk in hun lichaam, waaronder het griepvaccin. De kwikbestanddelen in deze 6 vaccins – indien aanwezig – moeten dan per vaccinatiedag bijelkaar geteld worden. En omdat kwik geaccumuleerd wordt in de hersenen, komt de daghoeveelheid van kwik op alle andere vaccinatiedagen erbij. Hetgeen betekent dat vanaf de vaccinatie bij de geboorte, bij alle volgende vaccinaties de ophoping van kwik – indien dat in die vaccins aanwezig is – in de hersenen nog verder vergroot wordt.

d) Nadere omschrijving van enkele nevenbestanddelen (diverse bronnen):

- Dierenweefsels (bevatten genetisch materiaal van het dier): Groeimedium voor virus en bacterie. Bijvoorbeeld wordt in het algemeen het mazelenvirus verzwakt in kippen-eieren, het poliovirus in apennieren en het rodehondvirus in menselijke dubbelcellen (ontlede organen van een geaborteerde foetus).
- Gehydroliseerde gelatine: Verkregen uit de huid en gedemineraliseerde beenderen van rundvee en uit varkenshuid.
- Polysorbate 80 (Tween80™): Is een squalene (MF59).
- Formaldehyde (merknaam is formaline): Fixeermiddel. Zit in balsemvloeistoffen.
- Neomycine: Antibioticum tegen infectie. Ook andere antibiotica worden gebruikt, zoals gentamicine sulfaat, polymyxine, streptomycine, enz.
- Thimerosal (ethylmercury/kwikverbinding), ook wel genoemd thiomersal: Conserveringsmiddel, om schimmelvorming en bacteriële groei in vaccins tegen te gaan. Komt met name voor in vaccins (onder andere tegen griep) die in multidoseringsflesjes (tot 10 doses) worden verpakt, hetgeen de productiekosten verlaagt.
- Glycerol: Conserveringsmiddel.

Overige ingrediënten kunnen onder andere gevonden worden in de volgende bestanden op de website <http://www.whale.to.vaccines.html> (zie digitale bijlage op DVD):

- Whale – Ingredients
- Whale – Ingredients (Dawn Winkler)
- Whale – Ingredients – Vaccine package inserts (data sheets)

Om te weten welke substanties in de achter ons liggende jaren in ons land ingebracht zijn in het lichaam van de gevaccineerden, zal vastgesteld moeten worden welke vaccins bij die vaccinaties zijn gebruikt, welke ingrediënten er in die vaccins zaten, en wat de actuele situatie heden ten dage is.

2. WETEN WIJ WAT DE SCHADELIJKE WERKING VAN VACCINS EN HUN INGEDRIËNTEN IN ONS LICHAAM IS? HOE VEILIG ZIJN VACCINS?

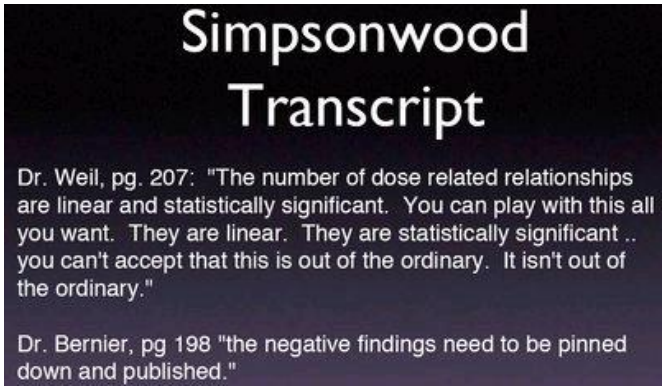
Hierover bestaat er zeer veel kritische litteratuur, sinds de eerste vaccinaties tegen pokken werden uitgevoerd in de 18e eeuw. Wereldwijd zijn er medici die kritisch staan ten opzichte van het vaccinatie gebeuren en die over dit onderwerp hun ervaringen hebben vastgelegd en in boekvorm hebben uitgegeven. Wereldwijd zijn er wetenschappers die kritisch staan ten opzichte van het vaccinatie gebeuren en die hierover onderzoekingen hebben gedaan en de resultaten in boeken en wetenschappelijke tijdschriften hebben gepubliceerd. Wereldwijd zijn er organisaties en instituten die kritisch staan ten opzichte van het vaccinatie gebeuren en die als informatiebronnen dienen voor hen die daar meer over willen weten. Hun werken getuigen van de schadelijke bijwerkingen van vaccins, waarvan vele ernstig van aard zijn en dit in vele gevallen de dood tot gevolg heeft. Er zijn landen die bepaalde ingrediënten in de door hen gebruikte vaccins hebben uitgebannen.

Verwacht mag worden dat vaccinatoren in ons land dit alles weten en dat ook deze informatie aan de te vaccineren volwassenen en de ouders/voogden van baby's en kinderen wordt verstrekt. Deze informatie wordt hen echter onthouden. Zelfs de minimale informatie die de farmaceutische bedrijven hebben vastgelegd in de bijsluiters van hun vaccins wordt hen niet meegedeeld. Ze kunnen iedere willekeurige winkel binnenstappen om een voedingsmiddel te kopen en kunnen in hun keuze op het item aflezen of er dierlijke bestandelen in zitten of niet, of er schadelijke chemische bestanddelen in zitten of niet; ingedriënten waarvan zij niet willen dat die hun lichaam binnenkomen. Echter, als zij benaderd worden door vaccinatoren, wordt hen wel gezegd waarom het inbrengen van het vaccin (naar veronderstelling) goed voor hen zou zijn, maar wordt de keerzijde van het inbrengen van het vaccin, met al haar giftige ingedriënten, verzwegen, en worden ouders gedwongen hun kinderen te vaccineren.

Middels deze open brief aan U, met een cc naar de Vice-President, de Minister van Volksgezondheid en de Nationale Assemblee, stel ik U formeel in kennis van het bestaan van kritische visies op het vaccinatie gebeuren. Ik zal een aantal sprekende voorbeelden van het verzieken van ons lichaam en het beknotten van onze geest middels vaccinatie geven en waar nodig becommentariëren. Voorts zal ik zwaarwegende argumenten aandragen voor het wijzigen van het regeerbeleid op dit vlak. Voor meer informatie en verdergaand brononderzoek, zie de DVD met videomateriaal en databestanden, die dient als bijlage bij deze brief. Ter voorlichting van het algemeen publiek zal ik de inhoud van deze brief en daarmee verband houdende informatie verspreiden via de daartoe bestemde kanalen.

a) Thimerosal

- **Robert F. Kennedy Jr.: 'Vaccinations – Deadly Immunity'** d.d. 25 juli 2009. (zie digitale bijlage op DVD). In dit artikel doet hij verslag van een studie die hij gedaan heeft met betrekking tot thimerosal in vaccins. Thimerosal bestaat [voor 50%] uit ethylmercury (een kwikverbinding, een potentiële neurotoxine), die zich accumuleert in de hersenen. Met name de hersenen van kinderen die in een kritische fase van ontwikkeling zijn, zijn daar gevoelig voor.



Een epidemioloog van de 'Centers for Disease Control and Prevention' (CDC) in de USA, Tom Verstraeten, onthulde in 2000 tijdens een geheime conferentie in het Simpsonwood Center in Norcross, Georgia, van topleidinggevenden van de CDC, 'Food and Drug Administration' (FDA), 'World Health Organization' (WHO), en de grote vaccinproducerende farmaceutische industrie, dat – na het analyseren van CDC's databank – studies het verband tussen thimerosal en spraakvertraging, "attention-deficit disorder", hyperactiviteit en autisme bij kinderen hebben vastgesteld. Nadat de CDC en FDA in 1991 hadden aanbevolen om nog eens drie vaccins met thimerosal toe te voegen bij het reeds bestaand pakket aan vaccinaties bij zeer jonge kinderen, nam het geschatte aantal gevallen van autisme toe met de factor 15 (van 1 op 2500 naar 1 op 166). [Verder in Kennedy's artikel worden deze vaccins genoemd: Pasgeboren baby's worden binnen 24 uur na geboorte gevaccineerd tegen hepatitis B, en baby's van 2 maanden worden gevaccineerd tegen haemophilus influenzae B en difterie-kinkhoest-tetanus.]

In plaats van direct stappen te ondernemen om het volk te beschermen, waaronder het publiek maken van deze bevindingen en alle vaccins met thimerosal uit de voorraden te verwijderen, werden de twee volgende dagen besteed om maatregelen te treffen ter verheimelijking van deze voor hen schadelijke gegevens. Dr. Bob Chen, hoofd van de vaccin veiligheid van de CDC, zei opgelucht dat "… gegeven de gevoeligheid van deze informatie, zijn we instaat geweest om het buiten de handen te houden van, laten we zeggen, minder verantwoordelijke handen." Opmerkelijk was de reactie van Dr. John Clements, de vaccin adviseur van de WHO. Hij verklaarde dat "… deze studie misschien helemaal niet had moeten worden gedaan". Hij zei dat "… de onderzoeksresultaten behandeld moeten worden …", waarschuwend dat de studie "… door anderen genomen zal worden en op een andere wijzen gebruikt zal worden, die buiten de invloed zijn van deze groep."

De wetenschappelijke data van het onderzoek werden door de CDC onder een stringent embargo geplaatst. De CDC betaalde het 'Institute of Medicine' (IOM) om een nieuw onderzoek te doen met als doel het "witwassen" van de risico's van thimerosal, en hevelde de gehele databank over naar een particuliere instelling, om de toegang tot deze data – door de 'Freedom of Information Act' gegarandeerd – te blokkeren.

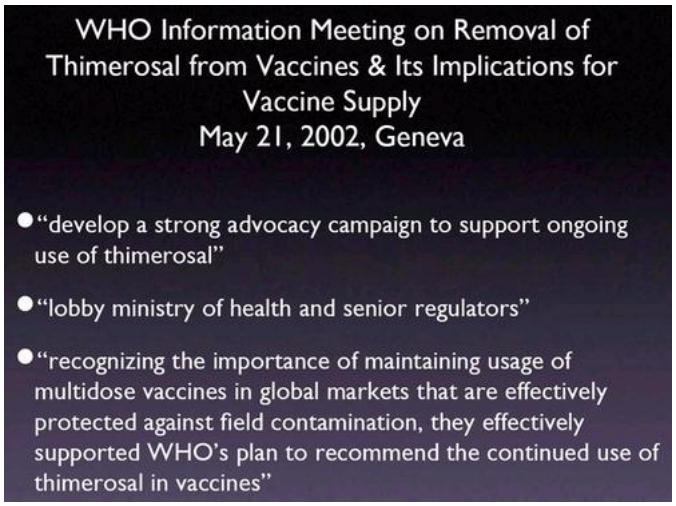
[Uitspraken die over dit onderwerp zijn gedaan:
"Mercury, Autism and the Global Vaccine Agenda". Video lecture by David Ayoub, M.D. <http://video.google.com/videoplay?docid=6890106663412840646&q=Dr.+David+Ayoub%2C+M.D.> [David Ayoub, MD – [Video] Mercury, Autism and the Global Vaccine Agenda] <http://www.whale.to/vaccine/ayoub_v.html> (zie digitale bijlage op DVD)

- Notulen meeting Institute of Medicine (IOM): "we are not ever going to come down that it [vaccines and autism] is a true side effect,"
  Marie McCormick, IOM Committee chairman, IOM Safety Review meeting, page 97.
- Mark Geier, M.D.: "You can't convince them (CDC) this is right. Do you know why? Because they already know it. They told me they know it. They cannot admit it because of civil and criminal, potential problems. You can't convince someone who already knows it." Chicago, Illinois, May 30th, 2004, AutismOne Conference.
- House Committee on Government Reform, Subcommittee on Human Rights and Wellness, during Congressional hearings since 1999: "Thimerosal used as a preservative in vaccines is

likely related to the autism epidemic. This epidemic in all probability may have been prevented or curtailed had the FDA not been asleep at the switch regarding the lack of safety data regarding injected thimerosal and the sharp rise of infant exposure to this known neurotoxin. Our public health agencies' failure to act is indicative of institutional malfeasance for self-protection and misplaced protectionism of the pharmaceutical industry." Congressional Record, Dan Burton (Chairman) May 20, 2003.

"You mean to tell me that since 1929, we've been using Thimerosal, and the only test that you know of is from 1929, and every one of those people had meningitis, and they all died?" For nearly an hour, Burton repeatedly asked FDA and CDC officials what they knew and when they knew it. [Shirley's Wellness – Vaccinations, Deception and Tragedy - Part 1]

Alhoewel de farmaceutische industrie de productie van vaccins die thimerosal bevatten begonnen af te bouwen, bleven ze de voorraad die ze nog hadden verder verkopen. De CDC en FDA hielpen hen een handje door deze voorraden op te kopen voor export naar ontwikkelingslanden, terwijl ze de farmaceutische industrie toestemming verleenden om thimerosal te blijven gebruiken in bepaalde vaccins, inclusief verschillende kindergeneeskundige griepvaccins en tetanusboosters voor kinderen.
Baby's van 2 maanden oud die routinematig 3 vaccinaties krijgen, krijgen daarmee in totaal 62,5 microgram ethylmercury in hun lichaam – een hoeveelheid die 99 maal groter is dan de dagelijks toegestane limiet die de Environmental Protection Agency (EPA) stelt voor blootstelling aan methylmercury, een gelijksoortige kwikverbinding, die ook een neurotoxine is.



Ondanks het accumulatie-effect van kwik in het lichaam, werd het vaccinatieschema in de USA echter in snel tempo uitgebreid met steeds meer vaccins. Nu lijden meer dan 500.000 kinderen in de USA aan autisme en elk jaar komen er 40.000 bij. Iowa heeft vorig jaar als eerste staat binnen de USA kwik uit alle vaccins uitgebannen, daarna gevolgd door Californië. Rusland had thimerosal al 20 jaar geleden uitgebannen uit vaccins voor kinderen. Later volgden Denemarken, Oostenrijk, Japan, Groot Britannië, Noorwegen, Zweden en Finland dit voorbeeld. De WHO handhaaft echter het standpunt dat thimerosal veilig is. Aldus Robert Kennedy Jr.

Zie ook op de DVD de YouTube video's van Robert Kennedy Jr. 'Thimerosal Causes Autism' en 'Shocking Vaccine Cover-Up'. Zie tevens het artikel 'The truth behind the vaccine cover-up' van Russell Blaylock, MD, die de notulen van de Simpsonwood conferentie in detail analyseert.

[De hierboven in de punten 1-c en 2-a ingelaste afbeeldingen zijn gehaald uit:
"Mercury, Autism and the Global Vaccine Agenda". Video-les van David Ayoub, M.D.
(zie digitale bijlage op DVD)]

◘ Wat is autisme?

[Wikipedia] **Autism** is a highly variable neurodevelopmental disorder that first appears during infancy or childhood, and generally follows a steady course without remission. Overt symptoms gradually begin after the age of six months, become established by age two or three years, and tend to continue through adulthood, although often in more muted form. It is distinguished not by a single symptom, but by a characteristic triad of symptoms: impairments in social interaction; impairments in communication; and restricted interests and repetitive behavior.

b) Thimerosal (vervolg) / Aluminium

◘ Neil Z. Miller, Directeur van het 'Thinktwice Global Vaccine Institute' schrijft in zijn artikel, 'Aluminum in Vaccines: A Neurological Gamble', gepubliceerd in 2009, het volgende: <http://mercola.fileburst.com/PDF/Aluminum_in_Vaccines.pdf> (zie digitale bijlage op DVD)

Van 1999 tot 2002 werden verschillende vaccins met kwik erin geleidelijk uit de productie gehaald. Echter, gedurende deze periode voegden de autoriteiten zowaar griepvaccins met kwik erin toe op de vaccinlijst voor baby's van 6 tot 23 maanden oud. Kort daarop voegde de CDC zwangere vrouwen in hun eerste 3 maanden toe op de lijst van mensen, die aangemoedigd worden om kwik-vaccins tegen griep te ontvangen.

Bovendien werden in deze zelfde periode 4 doses van een nieuw vaccin met een hoog aluminium gehalte toegevoegd aan het immunisatieschema (voor pneumococcus ziekten). In 2005 werden nog eens 2 doses van een ander aluminium-vaccin [haemophilus influenzae b (hib)] toegevoegd. Voor baby's van 18 maanden oud is de totaal ontvangen hoeveelheid aluminium, sinds de afbouwperiode van kwik, hiermee verhoogd van 3,925 mcg naar 4,925 mcg (bijna 5 mg). Een specificatie van de 4,925 mcg aluminium wordt in het artikel gegeven per vaccin per dosis, uitgaande van het vaccinatieschema van de CDC en van de gegevens op de bijsluiters van betreffende vaccins. Miljoenen baby's in de baarmoeder en na de geboorte bleven daardoor onnatuurlijke doses krijgen van neurotoxische chemicaliën – kwik en aluminium.

Dr.Tom Verstraeten, CDC epidemioloog, gaf in juni 2000 voor een groep van wetenschappers het volgend commentaar: "De resultaten (voor aluminium) waren bijna identiek met ethylmercury omdat de hoeveelheid aluminium (in vaccins) vrijwel exact gelijk loopt met kwik." Het was een verwijzing naar een studie dat "statistisch significante verbanden" blootlegde tussen aluminium en kwik in vaccins en vertragingen in neurologische ontwikkeling. Dr. John Clements, vaccin adviseur van de WHO, deed een veelbetekenende uitspraak: "Het publiek beseft niet, geloof ik, dat aluminium een gevaarlijk metaal is. We zijn daarom in een veel comfortabelere positie met betrekking tot het verdedigen van haar aanwezigheid in vaccins."

In een kritisch FDA document over de evaluatie van medicijnen, is de volgende uitspraak gedaan: "Onderzoek wijst uit dat patienten met een beschadigde nierfunctie, inclusief te vroeg geboren baby's, die [injecties] van aluminium ontvangen die meer zijn dan 4 tot 5 mcg per kg lichaamsgewicht per dag, aluminium accumuleren op niveau's die geassocieerd worden met toxiciteit van het centraal zenuwstelsel en de beenderen. De belasting van het weefsel kan zelfs plaatsvinden met lagere hoeveelheden."

Gezonde baby's met goed functionerende nieren, kunnen grotere hoeveelheden aluminium verwerken. Echter weet niemand hoeveel meer, omdat die studies nooit zijn verricht. Het is daarom onmogelijk om vooraf te weten welke baby's zullen bezwijken aan aluminiumvergiftiging. In plaats daarvan wordt van de ouders verwacht dat zij Russische Roulette met hun kinderen spelen. Aldus Neil Miller.

[**Dit tegen de achtergrond dat de ouders – zowel in de USA als bij ons – door de staat gedwongen worden om hun kinderen te vaccineren volgens het vaccinatieschema, als zij willen dat de kinderen toegelaten worden tot de scholen. De consequentie hiervan is echter dat de staat dan de volle verantwoordelijkheid draagt, als de gevaccineerde kinderen als gevolg van de vaccinatie ernstig lichamelijk en/of geestelijk letsel oplopen of komen te overlijden.**]

◘ Vaccines and Sudden Infant Death Syndrome: Is There a Link?
Thinktwice Global Vaccine Institute [Thinktwice – Vaccines and Sudden Infant Death Syndrome (SIDS) A Link] (zie digitale bijlage op DVD). Hieronder één van de vele gevallen ter illustratie van de marteling die baby's moeten doorstaan als deze vaccinatie roulette uitslaat op verlies.

Dear Thinktwice,

I read your book, Vaccines: Are They Really Safe and Effective? I hope and plead that you might have some answers for me or recommend what I might be able to do or whom to speak to. Let me start by telling you a little about me and why I am writing you. I am 23 years old, married, with NOW only one son, Michael, who is 27 months old. Michael was 5 months old when I got pregnant with my second son, Jonathan.

I went to the local health department to get Michael his 2nd series of shots. At that time Jonathan was only 6 weeks old. The only shot he had ever received was the hepatitis B that they gave him at the hospital at two days old. When I got to the health department, the nurse gave Michael his DPT and MMR shots, and said she should go ahead and give Jonathan his other shots while he was there. I said that I thought he was too young and that he had a runny nose, and I would make a separate appointment for him, but she insisted that he have them. So he got DPT, HIB, hepatitis B, and polio, which personally I think is a lot of shots to give a 6 week old infant. She was very rough with both my children and they both screamed so much at the time of the injections that I almost started to cry. After a few minutes Michael stopped crying, but Jonathan took about 15 to 20 minutes to stop crying. He finally fell asleep in the truck on the way home. As soon as we got home and I took him out of his car seat he started screaming again. This time it was very, very high pitched, and I tried everything to get him to stop crying but nothing seemed to work. I put him in his swing and after about two hours he fell asleep again. I called a service we have called Ask-A-Nurse. The nurse advised me that if the crying started again and lasted two or more hours to take him to the Emergency Room. Besides the crying, his leg was swollen and red. If you tried to touch his toes or anything pertaining to his left leg (the leg that had the injection) he would start crying again.

Well, six days later, December 15, Jonathan died in his sleep. He had been a very healthy child and not a bit of trouble, a good baby. The medical examiner told me that Jonathan died of SIDS, but I don't believe that and I never will. I've tried talking to [authorities], but no one seems to care. To them Jonathan was just a number. To me he is life. I won't take up any more of your time, but if you have any suggestions please write and let me know. Thank you so much for your time and understanding. [De dood van Jonathan na 6 dagen stemt overeen met het vaste patroon van critische dagen na elke vaccinatie, zoals hieronder in punt 2-h (Sudden Infant Death Syndroom) paragraaf 'Pattern of Flare-ups' beschreven. Zie ook de grafiek (figuur 9) op blz. 23)] [De afbeelding hierboven is afkomstig van de website <http://www.whale.to/vaccines.html>]

c) Squalene

◘ Dr. Russell Blaylock MD, Neurochirurg, geeft in zijn artikel 'Vaccine May Be More Dangerous Than Swine Flu' van 7 juli 2009 de volgende beschrijving van squalene: <http://www.nowpublic.com> (zie digitale bijlage op DVD)

Wat angstaanwekkend is, is dat deze pandemische vaccins [van de producent Novartis] ingrediënten bevatten, immuunhulpstoffen genaamd, waarvan een aantal studies heeft aangetoond dat ze verwoestende autoimmuunziekten veroorzaken, inclusief reumatoide artritis, multipel sclerose en lupus. Uit het onderzoek met dieren is gebleken dat ze dodelijk zijn. In een onderzoek waarin 14 proefkonijnen met deze speciale hulpstof werden geïnjecteerd, bleek dat slechts één het overleefde. Een herhaling van dit onderzoek toonde hetzelfde resultaat. Wat was dit dodelijke ingrediënt? Het is squalene, een olie type.

Chiron [gefuseerd met Novartis], die het dodelijke anthrax vaccin produceert, maakt een hulpstof genaamd MF-59, dat uit 2 bestanddelen bestaat, waaronder squalene. De MF-59 hulpstof is gebruikt in verschillende vaccins. Deze vaccins, inclusief tetanus en difterie, zijn de vaccins die frequent geassocieerd worden met vijandige reacties.

Squalene in vaccins is in hoge mate gekoppeld aan het Golf Oorlog Syndroom. Anthony Principi, Minister van Veteranen Zaken [in de USA] bekende in augustus 1991 dat soldaten die van 1990 tot 1991 gevaccineerd waren tegen anthrax, een verhoogd risico van 200% hadden op het doen ontstaan van de dodelijke ziekte amyotrofische laterale sclerose (ALS), ook genoemd de ziekte van Lou Gehrig. De soldaten leden ook aan een aantal afmattende en levenverkortende ziekten, zoals polyarteritis nodosa, multipel sclerose (MS), lupus, transverse myelitis (a neurologische aandoening veroorzaakt door ontsteking van het ruggemerg), endocarditis (ontsteking van de inwendige bekleding van het hart), optische neuritis met blindheid en glomerulonephritis (een soort nierziekte).

Omdat squalene hyper-immuun responsen en autoimmuniteit kan opwekken, bestaat er een reëel gevaar voor aanhoudende activering van de immuuncellen van de hersenen, de microglia. Deze aanhoudende activering wordt in hoge mate geassocieerd met ziekten als multipel sclerose, Alzheimer's ziekte, Parkinson's ziekte, ALS en mogelijk vaccin-gerelateerde encefalitis. Het is aangetoond dat de activering van het systematisch immuun systeem, dat zich voordoet met vaccinatie, de microglia van de hersenen in dezelfde tijd in snel tempo activeert. Deze hersenontsteking kan langdurig aanhouden.

Dus, hoe zou de gp120 in de hersenen komen? Studies van andere immuunhulpstoffen hebben middels nauwgezette opsporingsonderzoekstechnieken aangetoond dat ze de hersenen routinematig binnenkomen na vaccinatie.

Russell Blaylock zegt dan nadrukkelijk: **“We moeten bedenken dat als eenmaal het vaccin is geïnjecteerd, er weinig is wat je kan doen om jezelf te beschermen – ten minste met de conventionele geneeskunde …”** Er zijn veel veiligere wegen om jezelf te beschermen tegen deze griepvirus, zoals hogere doses van vitamine D3, selectieve versterking van immuniteit middels supplementen, en een goed dieet.

◘ Viera Scheibner zegt in haar hierboven in punt 1-a vermeld artikel ‘Adverse Effects Of Adjuvants In Vaccines – Part 1’ het volgende over squalene:

“The adjuvant activity of non-ionic block copolymer surfactants was demonstrated when given with 2% squalene-in-water emulsion. However, this adjuvant contributed to the cascade of reactions called "Gulf War syndrome", documented in the soldiers involved in the Gulf War. The symptoms they developed included arthritis, fibromyalgia, lymphadenopathy, rashes, photosensitive rashes, malar rashes, chronic fatigue, chronic headaches, abnormal body hair loss, non-healing skin lesions, aphthous ulcers, dizziness, weakness, memory loss, seizures, mood changes, neuropsychiatric problems, anti-thyroid effects, anaemia, elevated ESR (erythrocyte sedimentation rate), systemic lupus erythematosus, multiple sclerosis, ALS (amyotrophic lateral sclerosis), Raynaud’s phenomenon, Sjorgren’s syndrome, chronic diarrhoea, night sweats and low-grade fevers.

This long list of reactions shows just how much damage is done by vaccines, particularly when potentiated by powerful "immunoenhancers" such as squalene and other adjuvants. Interestingly, vaccinators as a rule consider such problems as mysterious and/or coincidental with vaccines. Since the administration of a multitude of vaccines to the participants (and prospective participants) in the Gulf War is well-documented (in fact, veterans claim they were given many more than were even recorded), this list of observed reactions further incriminates the vaccines as causing such problems.”

◘ Autoimmuun ziekten

Russell Blaylock stelt hierboven dat immuunhulpstoffen, zoals squalene, verwoestende autoimmuun ziekten veroorzaken, hetgeen ook blijkt uit Viera Scheibner’s beschrijving hierboven. Wat zijn autoimmuun ziekten?

[Wikipedia] “Autoimmune diseases arise from an overactive immune response of the body against substances and tissues normally present in the body. In other words, the body actually attacks its own cells. This may be restricted to certain organs (e.g. in thyroiditis) or involve a particular tissue in different places (e.g. Goodpasture's disease which may affect the basement membrane in both the lung and the kidney). The treatment of autoimmune diseases is typically with immunosuppression – medication which decreases the immune response.

In both autoimmune and inflammatory diseases the condition arises through aberrant reactions of the human adaptive or innate immune systems. In autoimmunity, the patient’s immune system is activated against the body's own proteins. In inflammatory diseases, it is the overreaction of the immune system, and its subsequent downstream signaling (TNF, IFN, etc), which causes problems.

A substantial minority of the population suffers from these diseases, which are often chronic, debilitating, and life-threatening. There are more than eighty illnesses caused by autoimmunity. It has been estimated that autoimmune diseases are among the ten leading causes of death among women in all age groups up to 65 years.”

Dit is het lot dat allen die (onder andere) met squalene gevaccineerd zijn te wachten staat. Hulpstoffen als squalene worden doelbewust in het lichaam geïnjecteerd om op een kunstmatige en on-natuurlijke wijze een verhoogde immuunrespons te veroorzaken (tot het 10-voudige toe). **Het resultaat ervan is dat het immuunstelsel zodanig in de war wordt gebracht, dat het lichaam zijn eigen cellen gaat aanvallen!!! En als de condities voor een natuurlijk – doch vaak slechts gedeeltelijk – herstel binnen het lichaam van de gevaccineerden daarvoor ongunstig zijn, slaat de roulette uit naar ernstige ziekte of de dood.**

We moeten hierbij bedenken dat het gebruik van hulpstoffen, zoals Viera Scheibner hierboven in punt 1-a vermeldt, het mogelijk maakt dat minder antigenen nodig zijn om de verlangde immuunrespons te bereiken (waardoor de productie van vaccins verhoogd kan worden), hetgeen de productiekosten van vaccins verlaagt. Tevens kunnen de pharmaceutische bedrijven door de verhoogde productie sneller bestellingen afwerken. Het motief om de hulpstoffen te gebruiken is dus economisch-technisch en niet medisch. Dit betekent: Hogere winsten voor pharmaceutische bedrijven, snellere beschikbaarheid van de vaccins voor afnemers en grotere lichamelijke en geestelijke schade bij gevaccineerden, naast de schade die andere giftige chemicaliën in de vaccins veroorzaken. En welke medicijnen maken de pharmaceutische bedrijven om deze ziekten te behandelen? Medicijnen die de immuunrespons bij de patiënt verlagen! Geen medicijnen om de patiënt weer beter te maken? Neen, want die wetenschappelijke kennis is niet van te voren opgebouwd. En dat is toegestaan in bedrijfsaangestuurde naties. El Mundo Cane.

Beperkte lijst van autoimmuun ziekten [Wikipedia]

- **Chagas disease** – Suspected
- **Chronic obstructive pulmonary disease** – Suspected
- **Crohns Disease** (one of two types of idiopathic inflammatory bowel disease "IBD") – Accepted – Hypersensitivity 4
- **Dermatomyositis** – Accepted
- **Diabetes mellitus type 1** – Accepted – Hypersensitivity 4
- **Endometriosis** – Suspected
- **Goodpasture's syndrome** – Accepted – Hypersensitivity 2
- **Graves' disease** – Accepted – Hypersensitivity 2
- **Guillain-Barré syndrome (GBS)** – Accepted – Hypersensitivity 4
- **Hashimoto's disease** – Accepted – Hypersensitivity 4
- **Hidradenitis suppurativa** – Suspected
- **Kawasaki disease** – Suspected
- **IgA nephropathy** – Suspected
- **Idiopathic thrombocytopenic purpura** – Accepted – Hypersensitivity 2
- **Interstitial cystitis** – Suspected
- **Lupus erythematosus** – Accepted – Hypersensitivity 3
- **Mixed Connective Tissue Disease** – Accepted
- **Morphea** – Suspected
- **Multiple sclerosis (MS)** – Suspected – Hypersensitivity 4
- **Myasthenia gravis** – Accepted – Hypersensitivity 2
- **Narcolepsy** – Accepted
- **Neuromyotonia** – Suspected
- **Pemphigus vulgaris** – Accepted – Hypersensitivity 2
- **Pernicious anaemia** – Accepted – Hypersensitivity 2
- **Psoriasis** – Suspected
- **Psoriatic Arthritis** – Suspected
- **Polymyositis** – Accepted
- **Primary biliary cirrhosis** – Accepted
- **Rheumatoid arthritis** – Accepted – Hypersensitivity 3
- **Schizophrenia** – Suspected
- **Scleroderma** – Suspected
- **Sjögren's syndrome** – Accepted
- **Stiff person syndrome** – Suspected
- **Temporal arteritis** (also known as "giant cell arteritis") – Accepted – Hypersensitivity 4
- **Ulcerative Colitis** (one of two types of idiopathic inflammatory bowel disease "IBD") Accepted – Hypersensitivity 4
- **Vasculitis** – Accepted – Hypersensitivity 3
- **Vitiligo** – Suspected
- **Wegener's granulomatosis** – Accepted

d) Beperkte lijst van overige substanties met schadelijke werking.
[Uit het bestand 'Whale – Ingredients (Dawn Winkler)' (zie digitale bijlage op DVD)]
CHEMICAL PROFILES AND DEFINITIONS:
http://www.scorecard.org/ to investigate chemical profiles
Sources: EDF (Environmental Defense Fund) & MME (Mosby's Medical Encyclopdia)

- Ammonium Sulfate:
  EDF Suspected – gastrointestinal or liver toxicant, neurotoxicant, respiratory toxicant.
- Amphotericin B:
  MME definintion – "A drug used to treat fungus infections. Known allergy to this drug prohibits use. Side effects include blood clots, blood defects, kidney problems, nausea and fever. When used on the skin, allergic reactions can occur."
- Beta-Propiolactone:
  EDF Recognized – carcinogen.
  EDF Suspected – gastrointestinal or liver toxicant, respiratory toxicant, skin or sense organ toxicant. More hazardous than most chemicals in 3 out of 3 ranking systems on at least 5 federal regulatory lists. Ranked as one of the most hazardous compounds (worst 10%) to humans.
- Formaldehyde:
  EDF Recognized – carcinogen.
  Suspected – gastrointestinal or liver toxicant, immunotoxicant, neurotoxicant, reproductive toxicant, respiratory toxicant, skin or sense organ toxicant. More hazardous than most chemicals in 5 out of 12 ranking systems on at least 8 federal regulatory lists. Ranked as one of the most hazardous compounds (worst 10%) to ecosystems and human health.
- Monosodium Glutamate (MSG): Normally used as a flavor enhancer in a variety of foods, however, due to concerns expressed by the American Academy of Pediatrics, MSG was removed from all products intended for use in infants under the age of one. Injections of glutamate into laboratory animals have resulted in damage to nerve cells in the brain.
- Phenol : aka Carbolic Acid.
  EDF Suspected – cardiovascular or blood toxicant, developmental toxicant, gastrointestinal or liver toxicant, kidney toxicant, neurotoxicant, respiratory toxicant, skin or sense organ toxicant. More hazardous than most chemicals in 3 out of 10 ranking systems on at least 8 federal regulatory lists.
- Phenoxyethanol: aka Antifreeze.
  EDF Suspected – developmental toxicant, reproductive toxicant. Less hazardous than most chemicals in 3 ranking systems.
- Polysorbate:
  EDF Suspected – skin or sense organ toxicant.
- Sorbitol: EDF Suspected – gastrointestinal or liver toxicant. Less hazardous than most chemicals in 1 ranking system.
- Tri(n)butylphosphate:
  EDF Suspected – kidney toxicant, neurotoxicant More hazardous than most chemicals in 2 out of 3 ranking systems on at least 1 federal regulatory list.

Bronnen zoals 'Poisons Information' of 'National Research Council' bevatten uitgebreide lijsten van potentieële ziekten veroorzaakt door toxinen. Zie hieronder het geval van formaldehyde. [Zie: Viera Scheibner and Bronwyn Hancock – 2001-02 Autism.] (zie digitale bijlage op DVD)

Potentieële ziekten veroorzaakt door formaldehyde.

Eye; nasal; throat and pulmonary irritation; acidosis; acute sense of smell; alters tissue proteins; anaemia; antibodies formation; apathy; blindness; blood in urine; blurred vision; body aches; bronchial spasms; bronchitis; burns nasal and throat; cardiac impairment; palpitations and arrhythmias; central nervous system depression; changes in higher cognitive functions; chemical sensitivity; chest pains and tightness; chronic vaginitis; colds; coma; conjunctivitis; constipation; convulsions; corneal erosion; cough; death; destruction of red blood cells; depression; dermatitis; diarrhoea; difficulty concentrating; disorientation; dizziness; ear aches; eczema; emotional upsets; ethmoid polyps; fatigue; fecula bleeding; foetal asphyxiation [Viera Scheibner: "and they say they don't know what could cause SIDS?"]; flu-like or cold like illness; frequent urination with pain; gastritis; gastrointestinal inflammation; headaches; haemolytic anaemia; haemolytic haematuria; hoarseness; hyperactive airway disease; hyperactivity; hypomenstrual syndrome; immune system sensitiser; impaired (short) attention span; impaired capacity to attain attention; inability or difficulty swallowing; inability to recall words and names; inconsistent IQ profiles; inflammatory diseases of the reproductive organs; intestinal pain; intrinsic asthma; irritability; jaundice; joint pain; aches and swelling; kidney pain; laryngeal spasm; loss of memory; loss of sense of smell; loss of taste; malaise; menstrual and testicular pain; menstrual irregularities; metallic taste; muscle spasms and cramps; nasal congestions; crusting and mucosae inflammation; nausea; nosebleeds; numbness and tingling of the forearms and finger tips; pale, clammy skin; partial laryngeal paralysis; pneumonia; post nasal drip; pulmonary oedema; reduced body temperature; retarded speech pattern; ringing or tingling in the ear; schizophrenic-type symptoms; sensitivity to sound; shock; short term memory loss; shortness of breath; skin lesions; sneezing; sore throat; spacey feeling; speaking difficulty; sterility; swollen glands; tearing; thirst; tracheitis; tracheobronchitis; vertigo; vomiting blood; vomiting; wheezing.

e) Synergetische toxiciteit

[Uit het bestand 'Whale – Ingredients – Synergistic toxicity' (zie digitale bijlage op DVD)]
En alsof het al niet genoeg is dat de giftige ingedriënten van elk vaccin op zich hun schadelijke werking uitvoeren, blijkt hun vergiftigende werking in bepaalde combinaties met elkaar en/of met reeds in het lichaam aanwezige chemicaliën bovendien veel groter te zijn. De volgende citaten geven daarvan een beeld.

"Another important factor with regard to mercury on the mind, which officials at the CDC, FDA and the professors in the IOM do not consider, is synergistic toxicity – mercury's enhanced effect when other poisons are present. A small dose of mercury that kills 1 in 100 rats and a dose of aluminum that will kill 1 in 100 rats, when combined have a striking effect: all the rats die. Doses of mercury that have a 1 percent mortality will have a 100 percent mortality rate if some aluminum is there. Vaccines contain aluminum." Mercury on the Mind by Donald W. Miller, Jr. MD

"A single vaccine given to a six-pound newborn is the equivalent of giving a 180-pound adult 30 vaccinations on the same day. Include in this the toxic effects of high levels of aluminum and formaldehyde contained in some vaccines, and the synergist toxicity could be increased to unknown levels. Further, it is very well known that infants do not produce significant levels of bile or have adult renal capacity for several months after birth. Bilary transport is the major biochemical route by which mercury is removed from the body, and infants cannot do this very well. They also do not possess the renal (kidney) capacity to remove aluminum. Additionally, mercury is a well-known inhibitor of kidney function." Boyd Haley Ph.D.

"Also, it's not only those children, but those who are on antibiotics are much more susceptible to all types of mercury toxicity, because antibiotics have been shown in experiments with rats to prevent the excretion of mercury. So, it builds up in the bodies of these children."
Interview of Dr. Boyd E. Haley by Teri Small

"We now know that aluminum causes significant abnormalities in neurotubules, microscopic tubes in neurons essential to their function, and these abnormal neurotubules are strongly associated with Alzheimer's disease. Aluminum enters the brain by a number of mechanisms, for example by attaching to glutamate and fluoride. With the widespread use of the excitotoxin glutamate as a food additive and fluoride being added to drinking water supplies, aluminum absorption is common. In addition, injected aluminum can complex with fluoride within the body to produce a compound, fluoroaluminum, that has a number of harmful effects, including brain injury. There is some evidence that fluoride can trigger microglial activation and excitotoxicity, which in combination is particularly injurious to the brain." (Blaylock, RL. Fluoride 2004:37(4);301 -314.) Vaccine Safety Manual by Neil Z. Miller. (Preface)

"Studies on the toxicity of mercury to mammalian neurons in culture demonstrate that low nanomolar levels can have lethal effects. Experiments using this system have also demonstrated, in agreement with published literature, that many antibiotics, other heavy metals and chemicals increase the toxicity of mercury and thimerosal (ethyl mercury). Additionally, in this same system the female hormone estrogen decreases thimerosal's toxic effects. In contrast, the male hormone testosterone greatly increases the toxicity. This may explain the 4 to 1 ratio of boys to girls that become autistic and the observation that boys represent the vast majority of the severe cases of autism." Boyd Haley, Ph.D. (Testimony Before the House Government Reform Committee)

f) De contaminatie van dierenweefsels

Gebleken is dat dierenweefsels gecontamineerd kunnen zijn met virussen die in betreffende dieren voorkomen. Door het rechtstreeks injecteren van vaccins met deze virussen in het menselijk lichaam wordt de natuurlijke species barrière voor hen verwijderd en wordt ons lichaam blootgesteld aan voor de mens onbekende ziekten.

◘ Het 'Simian Virus 40' (SV40)
[Whale – SV40: The Virus and the Vaccine by Debbie Bookchin and Jim Schumacher]
[Whale – SV40: Regarding The Virus and The Vaccine] (zie digitale bijlage op DVD)

Een bekend voorbeeld is het 'Simian Virus 40' (SV40), een retro-virus , waarmee poliovaccins gecontamineerd zijn, die afkomstig zijn van de aapnier (verocellen) waarin de poliovirus gekweekt is. Het is de 40ste virus die in apen is ontdekt. Studies van menselijke mesothelioma kankertumoren, uitgevoerd door Michele Carbone, Harvey Pass en Antonio Procopio, allen verbonden aan het National Cancer Institute (USA), wezen uit dat 60% van ze dit virus bevatten, en dat het virus actief proteïnen produceerden. In de kanker-vrije weefsels kwamen ze niet voor. Mesothelioma is een zeer aggressieve longkanker in de mens. Ze trokken de conclusie dat SV40 mogelijk een co-carcinogeen is van menselijk mesothelioma. In studies uitgevoerd in Finland en Turkije werd deze conclusie bevestigd. Het virus werd niet aangetroffen in mesothelioma monsters uit die landen zelf, waarin geen vaccins waren gebruikt die gecontamineerd waren met het SV40 virus, terwijl het virus wel werd aangetroffen in monsters uit de USA en Italië.

Naderhand werd het virus ook in kankertumoren aangetroffen in andere menselijke weefsels, zoals hersenen en beenderen, met name ook bij kinderen. Er zijn indicaties dat het virus vaste

voet in het menselijk lichaam gekregen heeft, want het werd zelfs aangetroffen in 45% van spermamonsters en in 23% van bloedmonsters van gezonde mensen. Dit toont aan dat het zich kan verspreiden van persoon naar persoon en van moeder naar kind.

◘ Onthullingen van dr. Maurice Hilleman over de contaminatie van het poliovaccin met het SV40 virus bij het farmaceutisch bedrijf Merck.

In de YouTube video: 'Merck Vaccination Dangers'(zie video bijlage op DVD) geeft dr. Maurice Hilleman, voormalig Chief Vaccine Division van het farmaceutisch bedrijf Merck, het volgend verslag van het bij Merck geproduceerd poliovaccin, dat gecontamineerd was met het SV40 virus. Hilleman ontwikkelde onder andere vaccins tegen bof, kinkhoest en mazelen. Hij wordt geïnterviewd door Dr. Edward Shorter, Medical Historian. Dit gedeelte van het interview werd toendertijd weggecensureerd. De reacties tijdens het interview zijn van personen die bij dat interview aanwezigen waren en niet van dr. Leonard Horowitz (www.inlieswetrust.com) en de zijnen, die deze video in handen kregen en het op YouTube plaatsten.

Tijdens zijn research ontdekte Hilleman 'wilde' virussen in de apen die Merck uit Afrika had geïmporteerd vóór hij bij Merck ging werken. Eén van de virussen, de SV40, bleek in het poliovaccin van dr. Jonas Salk [die nauw heeft samengewerkt met dr. Albert Sabin] te zitten. Dat vaccin was namelijk bij Merck gemaakt en werd toendertijd op grote schaal onder andere in Rusland getest. [Lopende tekst in beeld] "Initially millions of Russians, later millions of Americans were poisoned with cancer virus laced polio vaccines." Hij besprak dit probleem met Sabin, aangezien hij dit virus zou bespreken in een lezing voor een internationaal publiek bij de Sister Kinney Foundation met de titel: 'The detection of non-detectable viruses'. Sabin reageerde erg geschrokken, en zei dat dit weer een vertroebeling is en het vaccin teniet zal doen. Maar Hilleman stelde hem gerust en zei aan Sabin, zich daar geen zorgen over te maken want hij zal zich kunnen ontdoen van dit virus. Hilleman zei in antwoord op een vraag van de interviewer dat er 40 virussen [afkomstig van de apen] in de vaccins zitten, die ze bezig waren te inactiveren. Dan onthult hij terzijde dat het gelekoortsvaccin leukemie bevatte en zegt: "This is in the days of very crude science." In het gesprek met Sabin sprak hij z'n vermoeden uit dat het SV40 virus kanker kan veroorzaken. Hij nam daarna proeven met het virus in hamsters. [Lopende tekst in beeld] "This initiated the global cancer pandemic more than anything else." Hilleman geeft een sfeertekening binnen de kringen die hiervan op de hoogte waren met de 'grap' die ze maakten dat wij [de USA] de Olympische Spelen zouden winnen, omdat alle russen volgeladen zouden zijn met tumoren. De contaminatie van het poliovaccin werd niet openbaar gemaakt, omdat, zoals hij zei: "This is a scientific affair within the scientific community."

Daarna volgt een TV reportage "Nation-Wide Tests prove Dr. Salk's Vaccine A Succes" van 'News of the Day', gemaakt in 1954, van de groots opgezette show rondom de publieke bekendmaking van het poliovaccin. Een krant komt in beeld waarin te lezen is: "Salk vaccin hailed as medical victory. End of dread, crippling disease. No fatalities reported among 460.000 children who got three shots last year."

Dit was de duistere start van een nieuwe (55-jarige) zwarte bladzijde in de geschiedenis van vaccinatie, door pro-vaccinatie autoriteiten opgehemeld als:
"Vaccinatie: Het Vlaggeschip van de Conventionele Geneeskunde."

[Vervolg interview] Hilleman: We knew it [SV40] was in our [vaccine culture] seed-stock for making the vaccines. That virus was 1 in 10.000 particles is not inactivated by formalin. It was good science at the time, because that is what you did. You didn't worry about these wild lives ... Interviewer: So, you discovered it wasn't being inactivated in the Salk vaccines …

Hilleman: Then the next thing we know is … 3-4 weeks after that I found that there were tumors popping out of the hamsters …

◘ **De frustraties van W. John Martin, M.D., Ph.D.** Ex-wetenschapper van het FDA Center for Complex Infectious Diseases [John Martin – Vaccine Safety] (zie digitale bijlage op DVD)

The discovery in 1960 of live SV-40 virus contamination in [Salk's] formalin-treated poliovirus vaccine, produced in kidney cells cultures from rhesus monkeys, did not lead to an immediate recall of the contaminated vaccines. Rather the production method was switched to the use of kidney cells from the much less well characterized African green monkeys. [Deze switch werd uitgevoerd door Maurice Hilleman na zijn ontdekking van het SV40 virus in Salk's vaccin.] This switch in monkey species was soon followed by the decision to forgo formalin inactivation by using a weakened (attenuated) live strain of poliovirus. Persisting concerns regarding contaminating viruses in the live poliovaccine led in 1972 to a joint study between the vaccine manufacturer and the United States Food and Drug Administration (FDA). Kidney cultures from all 12 monkeys tested grew African green monkey simian cytomegalovirus (SCMV). Only 4 of the SCMV isolates were detectable using the regular methods for virus detection. No changes in testing methodology were imposed, nor was the scientific community alerted to the findings. An excuse that was subsequently offered was that all such information about the study was deemed to be proprietary. The results of this earlier study were, however, not conveyed to me in 1977 when, as an FDA scientist, I notified the Director of the FDA's Bureau of Biologics that certain poliovaccine lots contained unexplained non-cellular DNA; and were therefore potentially viral contaminated.

The issue of SCMV contamination of poliovirus vaccines was again raised with the FDA in May 1995. I was then working as a virologist at the University of Southern California. I had developed tissue culture methods which indicated the presence of atypical viruses in patients with complex neurological diseases. The viruses were striking in that they failed to evoke an inflammatory reaction in the patients from whom they were isolated. They were termed stealth viruses on this basis and seemingly they lacked target antigens for recognition by the body's cellular immune system. Sequencing studies on a stealth virus indicated it had originated from SCMV. Several meetings with FDA and Center for Disease Control and Prevention (CDC) officials clearly pointed to their unwillingness to allow any outside review of vaccine safety procedures. For example, a simple request to review histological slides of neurological tissue of monkeys inoculated with poliovaccine was refused, again on the basis that it was proprietary information. Noteworthy was the admission that the vaccines were routinely tested in rhesus monkeys because African green monkeys commonly show evidence of neurological disease. Moreover, even in rhesus monkeys, the vaccine was said to induce considerable damage, although less than that induced by non-attenuated poliovirus. The actual sequence data were published in a respected virology journal in July 1995. (…)

I once asked industry personnel involved in poliovaccine production whether they were still encountering SCMV in poliovaccine production lots. After some hesitation that disappeared as we all identified ourselves as parents, the straightforward answer was "not infrequently." Armed with this information I again requested of an FDA official to please use modern techniques such as the polymerase chain reaction (PCR) to screen poliovaccine lots for SCMV. "We would not know what to do with a positive result" was his answer.

Continued sequencing of the prototype SCMV-derived stealth virus have helped substantiate the original suggestion that stealth adapted viruses simply lack the critical target antigens for cellular immune recognition. More impressively, the virus has the capacity to assimilate genes from infected cells and from bacteria. The cellular genes identified within the stealth virus include a

gene with potential oncogenic (cancer causing) activity. The bacterial genes serve a wide range of metabolic functions that could enhance bacterial growth. Human and animal viruses with bacterial sequences represent a novel life form that has been christened viteria. The recombination of viral, bacterial and cellular genes within broadly infectious viteria is clearly of major medical and Public Health significance. For instance, it could provide a viral explanation for positive findings in clinical assays designed to detect various bacteria including the Borrelia burgdorferi (the agent for Lyme disease), mycoplasma, and chlamydia. FDA and CDC were informed of the publication of the results. It was disheartening, yet challenging, that neither organization responded. NIH was also notified but merely acknowledged that research is supportable by grants. (…)

Where is the Public Health concern that a childhood viral infection was not recognized at major medical centers. Where is the interest in the many other children who have tested positive for stealth viruses. Why the lack of discussion about possible brain damage causing national tragedies such as school shootings, and the increasing prevalence of autism, attention deficit, asthma and sudden infant death syndrome. Are stealth virus infected patients populating our psychiatric institutions, allergy clinics and even our cancer wards. The world and, in particular, its children appear to be at risk for stealth adapted viruses. The contribution of vaccines to the formation and dissemination of these viruses should be an open topic for scientific discussion. This is not occurring with those presently in charge of overseeing the safety of the Nation's immunization program.

◘ **Onthullingen van dr. Mark Randall, een gepensionneerde vaccin-onderzoeker van een farmaceutisch bedrijf, over de contaminatie van vaccins (Interview).** Hij gebruikt een schuilnaam om zich te beschermen tegen rancune. Zoals hij zei was hij “part of the inner circle”. [Jon Rappoport – 2006-02 Vaccine Dangers and Vested Interests] (zie digitale bijlage op DVD)

Q: Now, you worked in labs where purity is an issue.
A: The public believes that these labs, these manufacturing facilities, are the cleanest places in the world. That is not true. Contamination occurs all the time. (…) The actual lab conditions. The mistakes. The careless errors. SV40, which was found in cancer tumors … that was what I would call a structural problem. It was an accepted part of the manufacturing process. If you use monkey kidneys, you open the door to germs which you don’t know are in those kidneys. (…) I’ll give you some of what I came across, and I’ll also give you what my colleagues of mine found. Here’s a partial list.

In the Rimavex measles vaccine, we found various chicken viruses. In polio vaccine, we found acanthamoeba, which is a so-called "brain-eating" amoeba. Simian cytomegalovirus in polio vaccine [De ‘stealth viruses’ zoals hierboven beschreven door John Martin]. Simian foamy virus in the rotavirus vaccine. Bird-cancer viruses in the MMR vaccine. Various micro-organisms in the anthrax vaccine. I've found potentially dangerous enzyme inhibitors in several vaccines. Duck, dog, and rabbit viruses in the rubella vaccine. Avian leucosis virus in the flu vaccine. Pestivirus in the MMR vaccine. (...) And if you try to calculate what damage these contaminants can cause, well, we don't really know, because no testing has been done, or very little testing. It's a game of roulette. You take your chances. (...) When you look for contaminents in vaccines, you can come up with material that *is* puzzling. You know it shouldn’t be there, but you don’t know exactly what you’ve got. (…) Remember, this material is going into the bloodstream without passing through one of the ordinary immune defences.
Q: How were your findings received?
A: Basically, it was: “Don’t worry, it can’t be helped.” (…) And I'm just mentioning some of the biological contaminants. Who knows how many others there are? Others we don't find because we don't think to look for them. If tissue from, say, a bird is used to make a vaccine, how many

possible germs can be in that tissue? We have no idea.We have no idea what they might be, or what effects they could have on humans.

◘ Citaten
[Whale – Vaccine Contamination Quotes] (zie digitale bijlage op DVD)

"FDA virologist Peter Reeve ... acknowledged that the FDA suspended its own independent tests of vaccine purity 15 years ago, leaving it entirely up to the manufacturers to ensure the vaccine is contaminant free." – 'The Virus and the Vaccine': Atlantic Monthly.

"Since the 1920s, virtually all continuing medical and public health education is funded by pharmaceutical companies. In fact, today, the FDA can't even tell health scientists the truth about vaccine contaminants and their likely effects. The agency is bound and gagged by proprietary laws and non-disclosure agreements forced upon them by the pharmaceutical industry. Let us not forget that the pharmaceutical industry, as a special interest group, is the number one contributor to politicians on Capital Hill." – Leonard Horowitz.

g) Guillain-Barré Syndrome (GBS)

◘ De massale nationale varkensgriep vaccinatie campagne van 1976 in de USA.
[SEMP Biot #177 - 2005-02-22 The Flawed 1976 National 'Swine Flu' Influenza Immunization Program. <http://www.semp.us/publications/biot_printview.php?BiotID=177>] (zie digitale bijlage op DVD)

Deze campagne werd publiekelijk door de toenmalige President Ford aangekondigd. Echter, na 10 weken werd het door de federale regering abrupt gestopt – nadat omstreeks 40 miljoen mensen waren gevaccineerd – toen bleek dat tijdens de campagne in toenemende mate gevallen van de ziekte Guillain-Barré Syndroom (GBS) gerapporteerd werden onder de gevaccineerden. Het is een neurologische ziekte die gepaard gaat met verlammingsverschijnselen, waarvan vele ernstig van aard kunnen zijn en zelfs de dood tot gevolg kunnen hebben. Na inventarisatie bleken er 532 geregistreerde GBS gevallen te zijn [1 op de 75.000], waarvan minstens 25 dodelijk waren, terwijl de gevreesde varkensgriep zelf slechts één dode veroorzaakte. Bovendien bleek uit gegevens van de overheid dat het vaccin het risico tot het krijgen van GBS 7x verhoogd had. Het Institute of Medicine van de National Academy of Sciences concludeerde na een uitgebreide studie in 2003 dat de “evidence favored acceptance of a causal relationship” tussen het vaccin van 1976 en GBS. [NYT – 2009-05-09 Fear of a Swine Flu Epidemic in 1976 Offers Some Lessons, and Concerns, Today] (zie digitale bijlage op DVD)

De gevreesde pandemie van de varkensgriep in de USA, met de angstaanjagende beelden voor ogen van de catastrofale griepepidemie zoals die zich in 1918-1919 had voorgedaan, waarbij omstreeks 500.000 burgers in de USA overleden, bleef uit. Loos alarm. De olifant had een muis gebaard. De bogeyman waarmee steeds weer het volk de stuipen op het lijf wordt gejaagd, was ontmaskerd. De regering werd door de slachtoffers c.q. nabestaanden voor het gerecht gesleept en heeft miljoenen dollars aan claims moeten uitbetalen.

Toen ik het artikel las, kwam er een gevoel van beklemming in me op ten aanzien van het dilemma waarin President Ford werd geplaatst, nadat de noodzaak om zulk een massale vaccinatie campagne uit te voeren aan hem werd voorgehouden door David J. Sencer, M.D., Directeur van de Centers for Disease Control and Prevention (CDC), en andere vertegenwoordigers van het medisch establishment. Een dilemma die de eenzaamheid van dat ambt karakteriseert. Zie hiervoor het volgend citaat:

"Sencer rapidly involved and directed medical officials both inside and outside the CDC in the decision making, including American vaccine warrior-heroes Drs. Jonas Salk and Albert Sabin, prior to meeting with President Ford on **March 24, 1976**. At the meeting with the president (3:30 pm in the Cabinet Room), according to one observer, "Ford welcomed the group, briefly described the purpose of the meeting, and as planned, deferred to the HEW representatives. Sencer, Cooper [and others] made presentations on the swine flu data and a strategy for preventing an epidemic. Following the presentations, first Salk and then Sabin very strongly urged the president to mount a mass immunization campaign such as Sencer had outlined; reportedly neither failed to mention in passing the significance of his own work in laying the foundation for medical undertakings of this kind. Ford asked for opinions from the other doctors, but apparently only about five of the outside scientists (including Salk and Sabin) participated very actively. The discussion touched on the same topics as the meeting on Monday – the non-government scientists agreed with the Public Health Service that no figure could be placed on the probability of an epidemic; the 1918-19 disaster was another recurring topic. None of those who spoke up had a disparaging word for the immunization proposal. President Ford asked at least twice whether anyone present had any reservations about this course of action,"according to an observer." He asked if it was the unanimous recommendation of this group that they proceed. The leading doctors said 'Yes' and he said 'Now, if any doctor here has a sense that this is not necessary, if there is any doubt in his mind about it, I would like him to tell me so now.' And I remember that there was a very long silence that went on for what seemed minutes, and nobody said a word. President Ford broke the silence and raised some other questions which got the group talking again. He said a second time, some minutes later…. 'If anyone has any doubt about this [and] would like to speak to me privately about this, I would like him to do so. I will be in my office for the next ten minutes if anyone wants to come in." He said to me, 'Jim, you make sure that they come in.'" (**pp. 11-12) None arrived. President Ford felt that the absence of any criticism from the scientific group left no question as to the appropriate course of action."

Wijze lessen liggen besloten in deze kwestie die zich toen heeft voorgedaan en die zo fataal is afgelopen. Binnen de leidinggevende staf van het medisch establishment bekommerde men zich niet om de gevaren van vaccins, terwijl de kennis daarover rijkelijk beschikbaar was. Beklemmend is dat de president niet werd voorgehouden dat er ook andere meningen bestaan over de aard van de betreffende ziekte en de aard van de verspreiding ervan, over de gevaren van het toe te dienen vaccin en over andere wegen om die ziekte te bestrijden. Geen kritische inbreng, geen objectieve afweging van vóór en tegen van zijn meest directe staf op dit gebied, terwijl het ging om een massale nationale campagne gericht op het vaccineren van niet minder dan 200 miljoen mensen. Beklemmend is tevens dat hij bij gebreke daarvan kritische informatie over het vraagstuk binnen de overheidsinstellingen van gezondheidszorg en bij kritische bronnen daarbuiten ook niet door onafhankelijke derden voor hem heeft laten inventariseren en evalueren.

Ver hoefden ze niet eens te zoeken, want de federale regering had het dringend verzoek van de farmaceutische bedrijven om gevrijwaard te blijven van schadeclaims van gevaccineerden, gehonoreerd. Die bedrijven wisten immers waarom ze dat deden. Zij, de producenten van vaccins, die verantwoordelijk gehouden moeten worden voor de schade die hun producten veroorzaken, worden door de regering daarvan ontslagen, en de volle verantwoordelijkheid ging naar de president, die zijn handtekening zette onder het betreffend uitvoeringsbesluit.

Daarmee werd met een pennestreek het monopolie van het mainstream medisch denken in zijn extreme vorm bekrachtigd en verheven tot 'onbetwistbare en enig zaligmakende kennis', werden kritici van vaccins en vaccinaties beschouwd als lucht en werden alle slachtoffers van vergiftiging middels vaccins gedéhumaniseerd, onthouden van elke vorm van liefde en meedogen, door hun leed en de lessen, besloten in hun ongevraagd en ongewild offer, niet het gewenste gewicht toe te kennen om een evenwichtig besluit te nemen; de slachtoffers, wiens traumatische ervaringen de oren en de ogen van de vaccin-kritici – zij die wilden horen en wilden zien – openden.

Tekenend voor het éénzijdig en kritiekloos denken en handelen met betrekking tot vaccins, gepaard gaand met het feitelijk uitdragen c.q. propageren van blindelings vertrouwen in farmaceutische bedrijven en hun vaccins, is wat op het eind gezegd wordt in het volgend citaat.

"One observer of the swine flu affair, Dr. Russell Alexander of the Public Health School at the University of Washington, expressed his view that the clinical side of medicine had been shortchanged in the decision making processes. He told federal investigators after the fact: "**My general view is that you should be conservative about putting foreign material into the human body. That's always true … especially when you are talking about 200 million bodies. The need should be estimated conservatively. If you don't need to give it, don't.**" (P. 13) Indeed, Sencer ignored the case for "**watchful waiting**" before proceeding with the vaccination program, even though no swine flu had shown up anywhere, not even in the southern hemisphere where flu season was reaching its peak. Even Sabin, who had earlier advocated universal vaccination, later argued for **stockpiling the vaccine** and, if a pandemic began, to keep ahead of the spread by vaccinating quickly. He called this stockpiling "active, not passive, not mere warehousing of vaccine." Proper measures, he said, included both planning and training of volunteers ready to immunize their neighborhoods the moment CDC should pass the word. (**, p. 11) Sencer (and Salk) said "No!" to this idea, saying that the flu would move too fast in a pandemic. Vaccine should be stored in people, not warehouses!"

Vaccine should be stored in people, not warehouses! Get vaccinated!!! De farmaceutische bedrijven zouden geen betere slogan kunnen bedenken voor het promoten van hun giftige producten. **God behoede het volk waarbinnen dit denken en handelen de dominante visie is van het medisch establishment.**

[Foto President Ford: Whale – The Great Swine Flu Massacre] (zie digitale bijlage op DVD)
[Afbeelding Get Vaccinated!: Website <http://www.whale.to/vaccines.html>]

◘ **Het mediabedrijf CBS** in de USA maakte in 1979 een kritische videoreportage "Swine Flu 1976" van een uur over wat er toen gebeurd was. Het werd echter maar één keer vertoond en daarna van de TV verbannen. Een 16 minuten durend deel ervan is met het oog op de huidige 'mexicaanse' (varkens)griep pandemie in de wereld op internet gezet. Een transcript daarvan is in het bestand Global Research – 2009-07-18 Video: The 1976 Swine Flu Pandemic and Vaccine. (zie voor video en transcript de digitale bijlage op DVD)

Vaccinatoren geven de éénzijdige visie aan de te vaccineren personen dat vaccinatie nodig is om de betreffende ziekte te voorkomen, en benadrukken de veiligheid van het vaccin. Als de gevaccineerde ernstig ziek wordt of komt te overlijden, dan is de algemene reactie dat dit het gevolg is van een andere oorzaak en niet het vaccin. Als het een baby is die komt te overlijden, wat zegt het overgrote deel van de artsen? Sudden Infant Death Syndroom (SIDS). Niet de vaccins? Neen. Uitgesloten, want die zijn veilig!

h) Sudden Infant Death Syndrom (SIDS)

In de literatuur ook genoemd 'Crib Death' of 'Cot Death'.

◘ In het hiernavolgende enkele citaten uit Viera Scheibner's boek **'Vaccination: 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System'**, uitgegeven in 1993) [Viera Scheibner – Vaccinations: Part 1 – Medical Research On SIDS And Epidemics] (zie digitale bijlage op DVD). Viera Scheibner vertelt hoe zij en haar echtgenoot, Leif Karlsson, het verband konden leggen tussen vaccinatie en SIDS.

In 1985, I was introduced into the world of vaccinations through a breathing monitor invented by my husband, Leif Karlsson, who was a bio-medical engineer specializing in patient monitoring systems. Leif developed a computerized breathing monitor for babies which we called "Cotwatch", short for 'watching the cot'. Our monitor gives computer print-outs, and you can monitor for weeks on end, because Cotwatch is a non-touch medical technology. The sensor pad goes under the mattress; nothing is attached to the baby and the baby can roll all over the cot while the breathing is monitored. In 1986, pediatric researchers studying Crib Death Syndrome or Sudden Infant Death Syndrome (SIDS) believed babies were dying because of an inborn fault in the breathing control center in the brain. So they concentrated their studies on breathing. Many parents opted for monitoring their newborn babies' breathing at home, and we collected feedback from all parents who used our monitor in this research.

OUR FIRST CASE HISTORY

This baby was put on our monitor before he was vaccinated, and for more than three weeks, there were hardly any alarms at all. Then suddenly, the mother recorded a whole series of alarms. We thought there was a defect in the monitor, and I sent a different unit, but the alarms continued. After one night when they had six alarms in 24 hours their pediatrician advised them to stop monitoring. But if you have alarms on certain days and no alarms on other days, it is not the equipment malfunctioning; there is good reason for alarms like that. I transferred the baby's forms onto a graph, but did not understand it at the time. Five years later, I telephoned the mother and asked her when the child was vaccinated. The first injection was given one day before these alarms started. The child hadn't even recovered before the second injection was given. So there was a high level of stress caused by vaccines even when the child was not dying. There were no alarms before vaccination, and then a series of alarms. The alarms sound to tell you that your child is under stress when their breathing is shallow (hypopneas) or when their breathing ceases temporily (apneas). We then informed the pediatric and SIDS researchers that the babies were having alarms after vaccinations. We were not critical of vaccines and we didn't even know about the raging controversy surrounding vaccinations. At this point, the Crib Death Management Center pediatricians stopped sending parents to get our monitor. They didn't want parents to know that vaccines were stressing their children. Until that time, I was actually pro-vaccination.

SIDS RESEARCH IGNORES THE STRESS ALARMS

SIDS researchers call all the alarms which occur when the child is breathing very shallowly, but not dying, 'false alarms'. Their notion of 'false alarms' actually prevents them from having any

results. Instead of throwing these alarms into the garbage bin as false alarms we studied them, and did our own research using the computerized breathing monitor, recording the babies' breathing longitudinally over weeks on end. Overnight six to eight hour studies are often used in SIDS research, but they are very misleading.

COT RESEARCH RESULTS

Our computer printouts of babies' breathing showed non-stop hour by hour recording of the babies' breathing whenever the child was in the cot. Again, the events are called apneas (pauses in breathing) and hypopneas (a stress-induced shallow, low volume breathing pattern). The graphs all showed increased stress patterns after vaccinations. For instance, after a baby was given his third triple antigen (DPT - diphtheria, pertussis, tetanus) the record of breathing changed and produced peaks in the graph, which indicated increased stress levels.

PATTERN OF FLARE-UPS

The graphs showed day by day summaries of events in breathing and the higher the vertical column (or the peak), the higher the stress levels in breathing. There are individual differences, and some children react more than others, but the pattern of flare-ups of stressed breathing follow the same pattern of critical days. The graphs show a number of days where there is no stress level in breathing; then comes day zero when the vaccine was administered. We see the effect of the vaccine within one hour, and the child's stress level begins to go up and down. In all cases there was a 48 hour reaction after vaccination with a flare-up. Then the stress level went down through the following days until around days five to seven when they had an increased stress level. One child had a reaction on day 7; one on day 5 and 6, so there are individual differences, but the general pattern of these reactions is the same. The stress level again went down; then there was another flare-up at day 16. Of course, we continued to record the babies' breathing after the sixteenth day. The stress level went down, and there was only a slight increase in the stress level towards the 24th day. These are the critical days. Even the onset of reactions like convulsions occur on these critical days. Even babies whose mothers recorded no fever or crying, had slightly increased stress level, on the same critical days as those babies who had stronger reactions. Two out of ten randomly picked babies had to be admitted to the hospital with serious breathing problems on these critical days.

ALARM PATTERN

Our next step was to explain the up and down dynamics of the flare-ups. A Canadian medical doctor, Dr Hans Selye studied the stress response in mammals to any noxious substance or injury of any kind. Selye established that when the animal is exposed to any stressor, it will first elicit an alarm reaction within 48 hours when the body is mobilizing its strength to deal with the insult. Then the body seemingly stops reacting, which he called 'the stage of resistance'. And then there was another alarm-like reaction, which he called the stage of exhaustion. And I think that you will agree with me, that that is exactly what we see in the breathing of babies after vaccinations. You have the alarm reaction within one to two days, which may be biphasic, then you have the stage of resistance around day 5 to 7, and then you have the stage of exhaustion around day 16.

CONTROLS

You can justly say, "Where are your controls?" In our research every child is its own control, because the stress level in breathing is measured before vaccination and after vaccination in each child.

LITERATURE SEARCH ON SIDS

Then I asked myself, are we the only people who stumbled over the dangers of vaccines? Does the medical profession know about all this? Is there anything published in the medical literature? I began to do research in medical libraries, and to my absolute astonishment, there is no end to it.

For my book, Vaccination, I studied more than 30,000 pages of data published in medical journals about Crib Deaths after vaccinations. In one study, there were 41 babies who died within 21 days of their first Triple Antigen injection, and there was a clustering of these deaths along those critical days we recorded in the babies' breathing after vaccination. This is the ultimate evidence of the causal link between the administration of those vaccines and these deaths. In the so-called "Tennessee Deaths", hundreds of babies died there, after their DPT injections. We soon established that the vaccines are killing babies, and Crib Deaths (SIDS) are 95% vaccine deaths.

[In het bespreking van dit boek stelt Patrick Rattigan: "Indeed, Dr. Scheibner has scientific evidence to show that Sudden Infant Death Syndrome, or Cot Death, is a 'convenient bin in which to throw vaccine-damaged children'."]

◘ In het artikel **'Cot death and vaccines '** zegt Viera Scheibner het volgende:
[Viera Scheibner and Leif Karlsson – 1991 Cot death and vaccines] (zie digitale bijlage op DVD)

Although vaccination is undoubtedly the single biggest and most preventable cause of cot-death, it is not the only one. (…) The key words in cot death are Non-Specific Stress Syndrome. This is the underlying mechanism of all cot deaths and it explains all pathological and clinical observations. Cot Death is the single biggest cause of death in infants from about four weeks to six months of age, with another peak at about 9 months in industrially developed countries. (…)

Many years ago, a Canadian medical doctor, Dr. Hans Selye, became particularly interested in the well-known fact that for a number of days before patients develop symptoms of specific illness, which can be diagnosed, they always show signs of a non-specific nature which are common to many or possibly all diseases. When he in-injected extracts of tissues, or a great variety of noxious substances into rats, he observed the following signs of organ damage: spot-like bleeding into lungs and thymus, shrunken thymus and all lymphatic structures, enlarged adrenal cortex, ulceration of the gastro-intestinal tract, derangements in body creased or control, viscosity of the blood, disappearance of eosinophils (white blood cells) from blood, etc. He concluded that he was looking at a universal reaction of organisms to any noxious substance. He also connected the results of his experiments with his earlier observations of patients with non-specific symptoms of the initial stages of any illness. (…)

The definition of Cot Death is: "The sudden death of any infant or a young child, which is unexpected by history, and in which a thorough port-mortem examination fails to demonstrate an adequate cause of death". (Byard,1991)

Cot death is a very well-defined pathological entity and all babies who succumb to it have the same post mortem findings. These are: petechiated lungs, thymus and sometimes also pericardium (spot like haemorrhaging on surface); shrunken thymus and lymphatic structures; signs of increased adreno-cortical activity; signs of ulceration of the gastro-intestinal tract (reflux); many babies have low viscosity blood; up to 90% of babies who succumb to cot death have a number of non-specific symptoms for up to three weeks before death, such as runny nose, coated tongue, sticky eyes, otitis media, enlarged tonsils, spleen and liver, rash, a variety of upper respiratory tract infections, and loss of body weight to mention just a few. These are all symptoms of the Non-Specific Stress Syndrome as defined by Dr Selye. (…)

Inevitably, we began recording breathing patterns of babies after vaccination. The results of these recordings were presented to the 2nd Immunisation Conference, held in Canberra, 27~29th May 1991. We demonstrated that microprocessor records of babies' breathing after DPT (Diphtheria, Pertussis, Tetanus) injections reveal a pattern of flare-ups of Stress-Induced Breathing closely following the dynamics of adreno-cortical activity in an individual under stress and as observed

by Dr Selye. We also demonstrated that flare-ups of Stress-Induced Breathing in babies after administration of the DPT vaccine occur characteristically on certain days even though the amplitude of the flare-ups varies from child to child.

For seventy babies who succumbed to cot death, although babies could die on any day after DPT injection, there were significantly more deaths on the days which closely correlated with flare-ups of Stress-Induced Breathing after DPT injections. The data on the time interval between the DPT injection and cot death in most of the seventy babies was taken from the published reports which concluded that there was no connection between DPT and cot death. The authors of these papers had little idea what they were looking at or what to look for. Most researchers arbitrarily accept that only deaths within 24 hours of administration of the vaccine can be attributed to the effect of the vaccine. Yet, babies may and do die for up to 25 or more days after vaccination, and still as a direct consequence of the toxic effects of the vaccines. How do we know this? Because of the observed repetition of the pattern of flare-ups of Stress-Induced Breathing in a number of babies over a long period of time. (…)

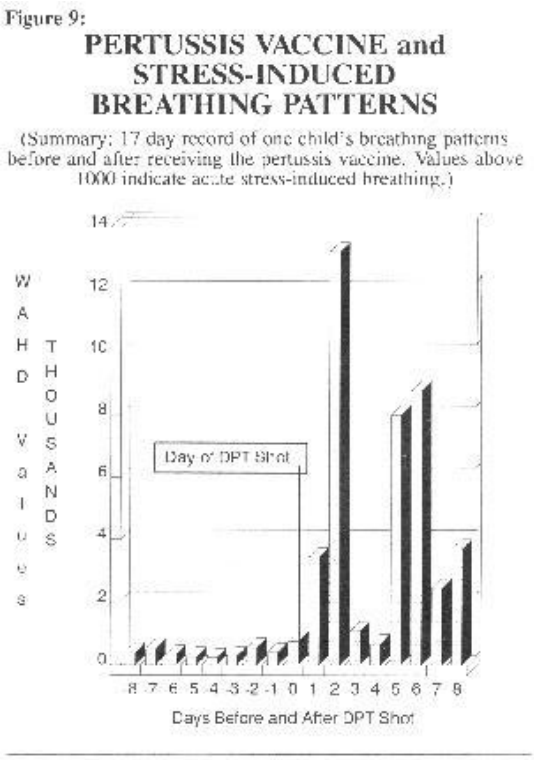
Vaccines by virtue of their composition act as noxious substances and elicit a response equivalent to the Non-Specific Stress Syndrome. (…) The Non-Specific Stress Syndrome is the key to cot deaths. It is the consistent, general reaction of mammals, including humans, to any damage or injury or to substances perceived as noxious by the recipient's body. (…)

The official figure of 2 cot deaths per 1,000 babies is twenty years old, and obsolete. The rate is more like 7-10 per 1,000, otherwise we would not even hear about cot death.

[Zij stelt dan nadrukkelijk] Our records demonstrate that there is a direct causal relationship between injections of DPT and cot deaths. The time has come to call for suspension of all vaccination programmes.

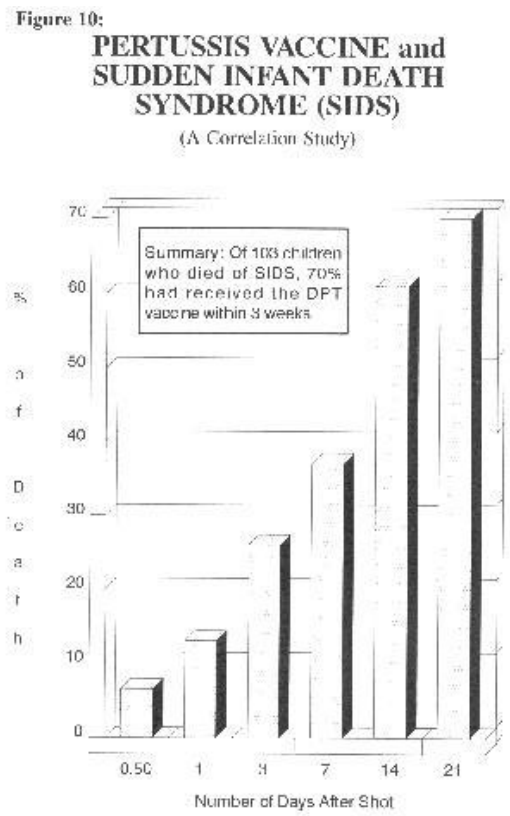
◘ In '**Vaccines and Sudden Infant Death Syndrome: Is There a Link**?' geeft Neil Miller de volgende beschrijving van het probleem. [Thinktwice – Vaccines and Sudden Infant Death Syndrome (SIDS) A Link] (zie digitale bijlage op DVD) Citaten uit zijn boek: Vaccines: Are They Really Safe and Effective? [Source www.vaccinations.inoz.com]

SIDS STUDIES:



A study published in the *Journal of the American Medical Association** found that children diagnosed with asthma (a respiratory ailment not unlike SIDS) were five times more likely than not to have received pertussis [kinkhoest] vaccine. Another study found that babies die at a rate eight times greater than normal within three days after getting a DPT [Difterie-Kinkhoest-Tetanus] shot. The three primary doses of DPT are given at two months, four months, and six months. About 85 percent of SIDS cases occur at one through six months, with the peak incidence at age two to four months.

In a recent scientific study of SIDS, episodes of apnea (cessation of breathing) and hypopnea (abnormally shallow breathing) were measured before and after DPT vaccinations. "Cotwatch" (a



precise breathing monitor) was used, and the computer printouts it generated (in integrals of the weighted apnea-hypopnea density – WAHD) were analyzed. The data clearly shows that vaccination caused an extraordinary increase in episodes where breathing either nearly ceased or stopped completely. These episodes continued for months following vaccinations. Dr. Viera Scheibner, the author of the study, concluded that "vaccination is the single most prevalent and most preventable cause of infant deaths." (See the diagram in figure 9.)

In another study of 103 children who died of SIDS, Dr. William Torch, of the University of Nevada School of Medicine at Reno, found that more than two-thirds had been vaccinated with DPT prior to death. Of these, 6.5 percent died within 12 hours of vaccination; 13 percent within 24 hours; 26 percent within three days; and 37, 61, and 70 percent within one, two, and three weeks, respectively (see the diagram in figure 10). He also found that SIDS frequencies have a bimodal-peak occurrence at two and four months – the same ages when initial doses of DPT are administered to infants.

CONGRESSIONAL EXCERPT:

The following excerpt is from a statement made by a distraught grandmother testifying before the *Committee on Labor and Human Resources,* regarding vaccine injury compensation:

“My name is Donna Gary. I am a constituent of Senator Kennedy's from Massachusetts. Our family should have celebrated our very first granddaughter's first birthday last month. Instead, we will commemorate the anniversary of her death at the end of this month.”
“Our granddaughter, Lee Ann, was just 8 weeks old when her mother took her to the doctor for her routine checkup. That included, of course, her first DPT inoculation and oral polio vaccine. "In all her entire 8 weeks of life this lovable, extremely alert baby had never produced such a blood-curdling scream as she did at the moment the shot was given. Neither had her mother ever before seen her back arch as it did while she screamed. She was inconsolable. Even her daddy could not understand Lee Ann's uncharacteristic screaming and crying.”
“Four hours later Lee Ann was dead. 'Crib death,' the doctor said – 'SIDS.' 'Could it be connected to the shot?' her parents implored.' 'No.' 'But she just had her first DPT shot this afternoon. Could there possibly be any connection to it?' 'No, no connection at all,' the emergency room doctor said definitely.”
“My husband and I hurried to the hospital the following morning after Lee Ann's death to talk with the pathologist before the autopsy. We wanted to make sure he was alerted to her DPT inoculation such a short time before her death – just in case there was something else he could look for to make the connection. He was unavailable to talk with us. We waited two-and-a-half hours. Finally, we got to talk to another doctor after the autopsy had been completed. He said it was 'SIDS.'”
“In the months before Lee Ann was born I regularly checked with a friend as to the state of her grandchild's condition. He is nearly a year-and-a-half older than Lee Ann. On his first DPT shot he passed out cold for 15 minutes, right in the pediatrician's office. 'Normal reaction for some

children,' the pediatrician reassured. The parents were scared, but they knew what a fine doctor they had. They trusted his judgment."
"When it was time for the second shot they asked 'Are you sure it's all right? Is it really necessary?' Their pediatrician again reassured them. He told them how awful it was to experience, as he had, one of his infant patient's bout with whooping cough. That baby had died."
"They gave him his second DPT shot that day. He became brain-damaged."
"This past week I had an opportunity to read through printed copies of the hearings of this committee. I am dismayed to learn that this same talk has been going on for years, and nothing has seemed to progress to incorporate what seems so obvious and necessary to keep from destroying any more babies, and to compensate financially those who have already been damaged for life."
"How accurate are our statistics on adverse reactions to vaccines when parents have been told, are still being told, 'No connection to the shot, no connection at all?'"
"What about the mother I have recently talked with who has a 4-year-old brain-damaged son? On all three of his DPT shots he had a convulsion in the presence of the pediatrician. 'No connection,' the pediatrician assured."
"I talked with a father in a town adjoining ours whose son died at the age of 9 weeks, several months before our own granddaughter's death. It was the day after his DPT inoculation. 'SIDS' is the statement on the death certificate."
"Are the statistics that the medical world loves to quote to say, 'There is no connection,' really accurate, or are they based on poor diagnoses, poor recordkeeping? What is being done to provide a safer vaccine? Who is overseeing? Will it be the same scientists and doctors who have been overseeing in the past? How much longer does the public have to wait? How are physicians and clinics going to be held accountable to see that parents are informed of the possible reactions? And how are those children who should not receive the vaccine to be identified before they are damaged – or dead?"
"Today is the National Day of Prayer. My prayer is that this committee be instrumental in doing what needs to be done – and soon. May there not be yet another year pass by with more children afflicted, and some dead, because those who can do so refuse to 'make the right connection.'"

◘ Citaat
[Whale – Why Vaccination Continues even though it is unsafe and ineffective] (zie digitale bijlage op DVD) Zij die, zoals Donna Gary, het leven vanuit het liefdevolle hart bezien, worden echter geconfronteerd met de liefdeloze mind van anderen, die daar geen oog voor hebben.

As medicine becomes more regimented, collectivist physicians begin to lose their sense of humanity. In a collectivist system, it is the "plan" that matters, not individuals. In fact, individuals are to be sacrificed for the "plan." ... I was told by a researcher in the field of autism, that when he attended a conference in Italy on the genetic aspects of autism and mentioned the link between the vaccine program and autism incidence, one of the public officials in the Italian Health Department stood and told him in an angry tone that everyone knew that the vaccines were causing injury to children's brains, but the success of the vaccine "program" was more important. Further, he stated, these problems need to be downplayed so as not to endanger the vaccine "program." Preface Vaccine Safety Manual by Neil Z. Miller.

◘ Voortbordurend op wat Donna Gary stelt, merkt Viera Scheibner op in haar artikel **'Comments on Japanese SIDS Rebuttal'**: [Viera Scheibner – Comments on Japanese SIDS Rebuttal] (zie digitale bijlage op DVD)

Even though vaccinators as a rule are very reluctant to use the word CAUSED when they talk about vaccine damage, they, interestingly, talk about REACTIONS to vaccination. The word reaction in itself implies the causal link, though it does not actually say so. You can't have a

coincidental reaction to vaccination, you can only have coincidental occurrence of some damage or symptoms, demonstrably caused by something else. They often use the word "TEMPORAL" meaning occurring in time, always overlooking the fact that these "TEMPORAL REACTIONS" always occur AFTER and not NOT BEFORE vaccination, and that the reality of the occurrence after vaccination is the first condition to fulfill when establishing causality; if something happens before vaccination we would not even consider it being caused by the subsequent administration of vaccines. (…) In the past, vaccinators were denying that vaccines cause any adverse effects. Thanks to strong anti-vaccination awareness, vaccinators now have to admit that yes, no vaccines are 100% safe or 100% effective and reactions do occur and the vaccinated children are getting the "vaccine-preventable diseases". Yes, there are mild or strong local reactions; and yes, there are systemic reactions, like fever, convulsions, hypotonic-hyporesponsive episodes, screaming (a cerebral cry), drowsiness, but only within a maximum of 7 days after vaccination. They also have great difficulty recognising and accepting the damage in individual cases. They always claim that the damage was coincidental, or worse still, caused by the parents of the affected or killed child by accusing them of Shaken Baby Syndrome. The vast majority of published studies of vaccine reactions included a follow-up of up to only 48 hours. This conveniently excludes about 90% of reactions to vaccination (see also Wilkins 1988). Characteristically, most vaccine reactions are delayed, many starting only 2-3 weeks after vaccination."

◘ Het voorbeeld van Japan.
Delen van de volgende bestanden heb ik samengevoegd. (zie digitale bijlage op DVD)
[Viera Scheibner and Bronwyn Hancock – 2001-02 Autism]
[Viera Scheibner – Comments on Japanese SIDS Rebuttal]
[Viera Scheibner – Vaccination Part 1 – Medical Research On SIDS And Epidemics]

"What constitutes the evidence of causality? Let us start by not relying on the words of medical "authorities" in western countries. A clear illustration of how truly authoritative their assertions are can be seen from looking at what has happened in other countries.

For example, Sugiura & Yamada (Pediatr Infect Dis J, 1991;Vol 10(3):209-13) describe what happened in Japan. Very briefly, when the MMR triple vaccine was shown to cause meningitis in 1 in 2026 recipients, not only did the Japanese health authorities recognise the causal link to this vaccine, they also discontinued its use (and also significantly, no unusually large epidemic of any of these infections followed). Not surprisingly, the incidence of vaccine-caused (and overall) meningitis plummeted (the minority who were hell-bent on getting the vaccine could still get it). So, there is a precedent of a whole major country abandoning the offending vaccine and of a recognition of the causal link between the offending vaccines and the observed reactions. Yet despite this, medical "authorities" in other countries, such as Australia, the UK and the US, continue to ignore (or not read?) the research in published, refereed medical journals, and claim that there is only a temporal and coincidental association."

In 1975, about 37 Crib Sudden Deaths were linked to vaccination in Japan. Doctors in one prefecture boycotted vaccinations, and refused to vaccinate. [Iwasa et al. 1985 and Noble et al. 1987] The Japanese government paid attention and stopped vaccinating children below the age of two years. When immunization was delayed until a child was 24 months of age, Sudden Infant Death cases and claims for vaccine related deaths disappeared. Japan zoomed from a high 17th place in infant mortality rate to the lowest infant mortality rate in the world when they stopped vaccinating. [Jenny Scott 1991] Japan didn't vaccinate any children below the age of two years between 1975 and 1988, for thirteen years. But then in 1988, Japanese parents were given the choice to start vaccinating anywhere between three months and 48 months. The Ministry study group studied 2,720 SIDS cases occurring between 1980 and 1992 and they established that their very low SIDS rate quadrupled.

“The same thing happened in England after 1 July 1975 when thanks to the first media reports of brain damage linked to vaccination, parents stopped vaccinating: the compliance fell down to 30% or even 10% in some areas. As unwittingly documented by McFarlane (1982), the overall infant mortality rate plummeted. She wrote:

"The postneonatal mortality fell markedly in 1976, the year in which a sharp decline in perinatal mortality rate began. Between 1976 and 1979, however, neither the late nor the postneonatal mortality rates fell any further. Indeed, the postneonatal mortality rate increased ,slightly among babies born in 1977". This very closely correlates with the documented oscillations in vaccination compliance: low compliance was linked to low death rate and vice versa. The vaccination compliance was lowest in 1975-76. Then it started climbing up in 1977-78, simply because people have short memories and the new parents did not know about the publicity surrounding vaccination as the cause of serious side effects (young couples become interested in these issues only after they have their first children).”

“In contrast to this, after the US mandated the DPT vaccine in 1978 there was a documented 300% sustained increase in the reported cases of whooping cough, and it is still rising, to the point that, with mandatory vaccination in most states and 5 doses of the vaccine, it now occurs at a far higher rate than before the introduction of the vaccine (see Sutter, R.W., and Cochi, S.L., 1992. Pertussis hospitalisations and mortality in the United States, 1985-1988. J Amer Med Ass;267(3):386-390).

Indeed, despite the overall far superior living standards in other respects – better housing, clean water, nutrition, etc, the US infant mortality rates rival those of the third world. Significantly it went from 6th place in the world in the early fifties before mass vaccination started to 20th place by 1990, and it has since dropped several ranks further (down to 26th place a few years ago). Similarly, measles had virtually disappeared in Europe, UNTIL vaccination began, after which it rose again. Sadly, it seems that almost whatever the vaccine promoters say, you can simply change their claim to say the exact opposite, and then you will know the truth. With the few times that what they say is true, they are giving only part of the story, which is misleading because people then make false assumptions about the rest.”

“And last but not the least: Japan discontinued MMR vaccination in 1993, and shortly afterwards, compulsory vaccination of any kind”

i) Polio: Citaten

◘ [Viera Scheibner – 1999-06-16 Hearings on Hepatitis B vaccine] (zie digitale bijlage op DVD)

Polio has not been eradicated by vaccination, it is lurking behind a redefinition and new diagnostic names like viral or aseptic meningitis. When the first, injectable, polio vaccine was tested on some 1.8 million children in the United States in 1954, within 9 days there was huge epidemic of paralytic polio in the vaccinated and some of their parents and other contacts. The US Surgeon General discontinued the trial for 2 weeks. (…) One must also be aware that polio is a man-made disease since those well-publicized outbreaks are misrepresented that those huge outbreaks were causally linked to intensified diphtheria and other vaccinations at the relevant time. They even have a name for it: provocation poliomyelitis.

◘ [Russell Blaylock, MD – 2004-05-12 What They Don’t Tell You About Vaccination Dangers – Can Kill You or Ruin Your Life.] (zie digitale bijlage op DVD)

Live-virus vaccines should be avoided. This was recently illustrated by the switch from the live polio vaccine to the killed virus. All cases of polio after the introduction of the vaccine, in the developed world, came from the vaccine itself. This was known from the beginning.

◘ [Laura Ruede – 1999-07-21 A Bibliographic Essay] (zie digitale bijlage op DVD)

► Neurologic complications associated with oral poliovirus vaccine and genomic variability of the vaccine strains after multiplication in humans," Acta Virologica, vol. 42, number 3, June 1998, pp. 187-94: The oral poliovirus vaccine (OPV) sometimes occasions paralytic poliomyelitis in vaccine recipients and their susceptible contacts. Molecular biology studies of polioviruses from these patients demonstrate genomic modifications known or suspected to increase neurovirulence. The same genomic modifications have been identified in strains isolated from non-symptomatic vaccinees. Other neurologic complications such as meningitis, encephalitis, convulsions, transverse myelitis and Guillain-Barre Syndrome have also been associated with this vaccine.

► Poliomyelitis trends in Pondicherry, south India, 1989-91" (Journal of Epidemiology and Community Health [London], vol. 51, no. 4, August 1997, pages 443-48): About 54 percent of children lamed as a result of poliomyelitis had received three doses of oral polio vaccine before the onset of paralysis.

► Paralytic Poliomyelitis – United States, 1980-1984" (Morbidity Mortality Weekly Report, vo. 46, no. 4, January 31, 1997, pp. 79-83): The Advisory Committee on Immunization Practices (ACIP) observes that vaccine-associated paralytic poliomyelitis (VAPP) continues to occur; the risk of VAPP has not decreased. Of 125 cases associated with the vaccine, 46 cases occurred among contacts of vaccine recipients.

◘ [Shirley's Wellness – Vaccinations, Deception and Tragedy – Part 2] (zie digitale bijlage op DVD)

The number of reported cases of polio after mass inoculations with the vaccine was significantly greater than before mass inoculations. And in many states the incidence of polio more than doubled after inoculations were introduced. In Rhode Island there was a 450 % increase, and in Massachusetts almost a 650 % increase in polio cases after the introduction of polio vaccinations. Vaccinations

j) Hepatitis B

◘ Dr. Michele Carbone over de verspreiding van HIV/AIDS.
Een bericht op 7 october 2009 van 'LLC Health Science Communications for People Around the World' vermeldt een belangrijke onthulling over de verspreiding van HIV/AIDS. [Release: No. 204-H1N1-36 / Contact: Jackie Lindenbach – 208-265-8065 / <mailto:tetra@tetrahedron.org>]

Hawaii Legislators Question H1N1 Vaccines: Doctors Express Serious Reservations About Safety / Hilo, HAWAI

"Discussing H1N1 vaccine safety, on behalf of Hawaii legislators considering the question, Dr. Michele Carbone, Director of the Cancer Research Center of Hawaii, and full Professor and Chairman, Department of Pathology at the John A. Burns School of Medicine, openly acknowledged HIV/AIDS was spread by the hepatitis B vaccine produced by Merck & Co. during the early 1970s. This is the first time since the initial transmissions took place in 1972-74,

that a leading expert in the field of vaccine manufacturing and testing has openly admitted the Merck & Co. liability for AIDS.

The matter-of-fact disclosure came during discussions of polio vaccines contaminated with SV40, the fortieth simian (monkey) virus discovered that caused cancer in nearly every species infected by injection. [Michele Carbone heeft een leidende rol vervuld in het onderzoek hiervan (hierboven in punt 2-f besproken.)] Many authorities now admit much, possibly most, of the world's cancers came from the Salk and Sabin polio vaccines, and hepatitis B vaccines, produced in monkeys and chimps."

◘ Guylaine Lanctôt – Why Vaccination Continues
(zie digitale bijlage op DVD)

"Vaccination serves as a form of experimentation, to test new products on a great sampling of a population. Under the guise of health and the well being of the population, people are vaccinated against a pseudo-epidemic with products that one wants to study. The vaccine of hepatitis B seems to be the choice of authorities to accomplish this goal. Yet, this vaccine is manufactured by a process of genetic manipulation. And it is much more dangerous than the traditional vaccine because it inoculates into the body cells that are foreign to its genetic code. Moreover; this vaccine is produced from virus cultivated on the ovaries of Chinese hamsters. One can only imagine what future generations will look like! But there is more. It is also reported to cause cancer of the liver. Despite all that, it enjoys great popularity among the authorities, who impose it first on all those who work in the health field, and then on the rest of the population."

"In 1986, the medical authorities administered the vaccine against hepatitis B to Native Indian children in Alaska, without any explanation or the consent of their parents. Many children fell ill. And several died. It seems there was a virus called *RSV (Rous Sarcoma Virus)* in the vaccine. (1) American Indian tribes have been subjected to many vaccinations."

"Recently when I met a group of Native women to chat about health with them, the subject of vaccinations cropped up. I was giving them some information on the topic when, suddenly, the group's nurse confided in me that the federal government had given her complete freedom in the management of their health, but on one strict condition. That every vaccination had to be scrupulously applied to all. The silence was deafening. We all understood."

"In 1988, the Ambassador of Senegal gave a radio interview reporting on the ravages of AIDS in his country where entire villages were being decimated. A few years earlier, scientific and medical teams had come to vaccinate their inhabitants against hepatitis B."

"In 1978, a new vaccine was tested on homosexuals in New York. And in 1980, on those in San Francisco, Los Angeles, Denver, Chicago, and St-Louis. Officially, this 'new vaccine' was against hepatitis B and, as we now know, it caused many of them to die from AIDS. It sounded the 'official' beginning of the AIDS epidemic in 1981."

"The vaccination program of homosexuals against hepatitis B was led by Saint W.H.O. and the *National Institute of Health* . There are reports of collaboration between these two organizations in 1970 to study the consequences of certain viruses and bacteria introduced to children during vaccination campaigns. In 1972, they transformed this study to focus on the viruses which provoked a drop in the immune mechanism."

"Wolf Szmuness directed the anti-hepatitis B experiments undertaken in New York. He had very close links with the *Blood Centre* where he had his laboratory, the *National Institute of Health,*

the *National Cancer Institute,* the *FDA.,* the W.H.O., and the Schools of Public Health of Cornell, Yale, and Harvard."

◘ The Secret Origin of AIDS and HIV
[Alan Cantwell Jr. MD – 2000 The Secret Origin of AIDS and HIV] (zie digitale bijlage op DVD)

The Special Virus Cancer Program (1962-1977)

The SVCP began in 1964 as a government-funded program of the National Cancer Institute (NCI) in Bethesda, Maryland. Originally designed to study leukemia and lymphoma forms of cancer, the program was soon enlarged to study all forms of cancer. The SVCP marshalled many of the nation's finest virologists, biochemists, immunologists, molecular biologists, and epidemiologists, at the most prestigious institutions in a coordinated attempt to assess the role of viruses in causing human cancer. Many of the top AIDS scientists, including Dr. Robert Gallo (the co-discoverer of HIV), Myron (Max) Essex (of "cat AIDS" fame), and Peter Duesberg (who claims HIV is not the cause of AIDS), were connected with the Program.
The scope of the program was international and included scientists from Japan, Sweden, Italy, the Netherlands, Israel, and even Uganda, Africa. A main mission of the SVCP was to collect various human and animal cancers from around the world and to grow large amounts of cancer-causing viruses. In the process, many animal viruses were adapted to human cells. These cultured viruses would then be shipped to researchers throughout the world. An annual report of the accomplishments of the SVCP was published by the NCI. The 1971 SVCR report indicates a mouse leukemia virus had been adapted to grow in human cells. A "hybrid virus" - a mixture of a mouse sarcoma and a cat (feline) leukemia virus – was engineered and grown in cat cells. Chicken and feline retroviruses produced cancer in monkeys. Mouse-cat virus hybrids and feline leukemia virus were adapted to human cells in tissue culture. Thus, "species jumping" was a common occurrence in these experiments.

Biological Warfare, Primate Research and the SVCP

Also joining forces with the SVCP at the NCI were the miltary's biological warfare researchers. On October 18, 1971, President Richard Nixon announced that the army's biowarfare laboratories at nearby Fort Detrick, Maryland, would be converted to research on the cause, prevention, and treatment of cancer. As part of Nixon's so-called War on Cancer, the military biowarfare unit was retitled the new Frederick Cancer Research Center. Litton Bionetics was named as the military's prime contractor for this project. The 1971 annual report noted that one of the primary tasks of the now jointly connected National Cancer Institute-Frederick Cancer Research Center was "the large scale production of oncogenic (cancer-causing) and suspected oncogenic viruses to meet research needs on a continuing basis." Special attention was given to primate viruses (the alleged African source of HIV) and "the successful propagation of significant amounts of human candidate viruses." Candidate viruses were animal or human viruses that might be capable of intiating human cancers. And primate cancer-causing viruses were adapted to 'normal' human cells. A steady supply of research animals (monkeys, chimpanzees, mice, and cats) was necessary, which resulted in the establishment of breeding colonies for the SVCP. Healthy animals were shipped in from various parts of the world for breeding purposes and experimentation; and virus-infected animals were shipped out again to various labs. By 1971, a total of 2,274 primates had been inoculated at Bionetics Research Laboratories, under contract to Fort Detrick. Over 1000 of these monkeys had already died or had been transferred to other primate centers. (Some animals were eventually released back into the wild). By this time, experimenters had spread lymphoma-producing viruses into several species of monkeys, and had also isolated a monkey virus (Herpesvirus saimiri) that would have

a close genetic relationship to a new Kaposi's sarcoma virus that produced the "gay cancer" of AIDS a few years later. In order to prime primates and other research animals to acquire cancer, their immune system was deliberately suppressed by drugs, radiation, or cancer-causing chemicals or substances. The thymus gland and/or the spleen was removed, and viruses were injected into newborn animals or into the womb of pregnant animals. Some animals were also injected with malaria to keep them chronically sick and immunodepressed. (…)

How many "new" and "emerging" viruses were created and adapted by the SVCP is not known. And it is unlikely that complete records of this animal cancer virus experimentation will ever be examined. (…) … the SCVP was the birthplace of genetic engineering, molecular biology, and the human genome project. More than any other program it built up the field of animal retrovirology, which led to the vital understanding of cancer and immunosuppressive retroviruses in humans. (…) And so, instead of looking for the source of HIV in the thousands of animal cancer experiments performed througout the world, the virologists insisted on looking for the source of the virus in primates in the African rainforest.

The Pre-AIDS Gay Hepatitis B Experiments (1978-1981)

As the SVCP was winding down, thousands of gay men were signing up as guinea pigs for government-sponsored hepatitis B vaccine experiments in New York, Los Angeles, and San Francisco. In a few years these cities would become the epicenters for "gay-related immune deficiency syndrome, " later known as AIDS. Could virus-contaminated vaccines lie at the root of AIDS? In the early 1970s the hepatitis B vaccine was developed in chimpanzees, now widely accepted as the animal from which HIV supposedly evolved. To this day, some people are fearful about taking the hepatitis B vaccine because of its original connection to gay men and AIDS; and older physicians remember the original experimental hepatitis vaccine was made from the pooled blood serum of hepatitis-infected homosexuals. Was HIV "introduced" into gays during these vaccine trials when thousands of homosexuals were injected in New York beginning in 1978, and in the West Coast cities in 1980-1981? AIDS first erupted in gays living in New York City in 1979 a few months after the experiment began in Manhattan. The astounding and statistically significant fact is that 20% of the gay men who volunteered for the hepatitis B experiment in New York were discovered to be HIV-positive in 1980 (a year before AIDS became "official" in 1981). This would mean that Manhattan men had the highest incidence of HIV anywhere in the world, including Africa, the supposed birthplace of HIV and AIDS. The fact is that definite, proven cases of AIDS in Africa would not appear until 1982. Some researchers are convinced that these vaccine experiments served as the vehicle through which HIV was "introduced" into the gay population in America.

◘ A. True Ott, PhD, ND bevestigt dat het HIV virus is man-made.
[True Ott – 2009-07-26 Startling New Evidence That The 'Swine Flu' Pandemic Is Man-Made] (zie digitale bijlage op DVD) In zijn artikel over de huidige swine flu ‘pandemie’ grijpt True Ott terug naar een overeenkomstige gebeurtenis m.b.t. het HIV virus en AIDS. Hij stelt:

Evidence shows that like the 2009 "Novel" Flu Virus the HIV virus was also engineered and manufactured in the labs of Ft. Detrick.

In 1969, during a House Appropriations Committee hearing, the Defense Department's Biological Warfare (BW) division at Ft. Detrick requested funds to develop, through complex gene-splicing (i.e. genetic engineering) a "novel" new disease that would both be resistant to, and break down a victim’s immune system. The Congressional Record reads:
"Within the next 5 to 10 years it would probably be possible to make a new infective micro-organism which could differ in certain important respects from any known disease-causing

organisms. Most important of these is that it might be refractory to the immunological and therapeutic processes upon which we depend to maintain our relative freedom from infectious diseases."

The funds for this "Dr. Strangelove" project were somehow approved. AIDS "magically" appeared within the requested time frame, and of course, just happens to exhibit the exact characteristics specified by the Ft. Detrick scientists.

Three years later, in 1972, the fledgling World Health Organization (WHO) published a very similar proposal to the one submitted to the U.S. House Appropriations Committee in 1969. The WHO proposed that: "An attempt should be made to ascertain whether viruses can in fact exert selective effects on immune function, e.g., by ... affecting T cell function as opposed to B cell function. The possibility should also be looked into that the immune response to the virus itself may be impaired if the infecting virus damages more or less selectively the immune cells responding to the viral antigens." (Bulletin of the W.H.O., vol. 47, p 257- 274.) This is a "textbook" clinical description of the function of the HIV/AIDS virus.

The W.H.O. shortly thereafter begins a massive "smallpox vaccination" program in Africa in 1975. Within two years, millions of smallpox vaccines are provided by Novartis et. al, under U.N.I.C.E.F. funding. A decade later, it is determined by independent journalists in the U.K. that the incidence of AIDS 'infections' MAPPED AND GRAPHED EPICENTERS in Africa coincided exactly with the locations of the W.H.O. smallpox vaccination program centers in the mid-1970's (Source, The London Times, May 11, 1987). Some 14.000 Haitians then on UN 'humanitarian missions' to Central Africa were also vaccinated in this campaign, and soon contracted HIV. Personnel actually conducting the vaccinations of the Haitians maintain they had been completely unaware that the vaccine was anything other than a routine shot.

◘ Thomas R Keske – Statistical Analysis Linking US AIDS Outbreak to Hepatitis Experiments. (zie digitale bijlage op DVD)

For years I have been writing about how HIV/AIDS was deliberately seeded into the American gay community via the government-sponsored contaminated hepatitis B experiments (1978-1981) – and how this was covered-up by the AIDS establishment. Now we have statistical proof to show that HIV was indeed planted in the gay community in those "pre-AIDS epidemic" years.

Please read Tom Keske's report in this file attachment. Much of it is statistical data which proves his case. However, there is also much in his report that is very easily read – and which provides you with historic/scientific facts that show, without doubt, that HIV/AIDS is connected to government experiments using gay men as guinea pigs.

Please pass on to other interested parties who might be interested in the origin of HIV/AIDS as it explains why AIDS was originally a "gay disease" in the United States. This report is also if interest to groups interested in vaccine dangers and contamination problems connected with vaccines. Author Tom Keske can be reached at : tkeske@mediaone.net

Personally, I believe Tom has done an amazing job with his research. For those of us who have been saying for many years that AIDS is a man-made disease, Tom Keske's hepatitis B vaccine report is required reading.

Regards,
Alan Cantwell Jr MD

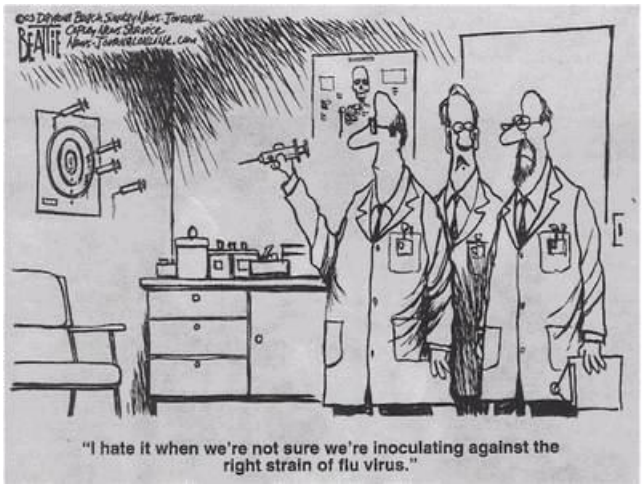
k) De A/H1N1 Griep Vaccinatie Campagne van 2009

◘ Kelly O'Meara – Doctors Question Flu Shot Statistics.
<http://www.momsagainstmercury.org> (zie digitale bijlage op DVD)

The credit for the mass hysteria that has swept the nation in the last two months should be given to federal health officials, who, through ongoing public relations campaigns that easily rival those of corporate America's top-selling products, have successfully convinced the public that without the vaccine tens of thousands, or worse, might die. In fact, the Centers for Disease Control and Prevention has told the public that influenza is the most frequent cause of death from vaccine-preventable disease in this country and that from 1990 through 1998, an average of 36,000 flu-related pulmonary and circulatory deaths occurred each season in the United States. (…)

Even CDC officials reluctantly admit the deaths are not "real" numbers, but only estimates. CDC spokesman Von Roebuck said the CD are they given?C uses indirect modeling methods to estimate the numbers of deaths associated with influenza an approach that has been used for 40 years. Using this approach, the CDC estimates that about 36,000 influenza-associate d deaths occur annually in the United States, he said. This estimate is obtained by using the models to analyze the National Center for Health Statistics, NCHS, for underlying respiratory and circulatory deaths. The estimated 36,000 deaths from influenza represents about 3 percent of about 1.1 million underlying respiratory and circulatory deaths that occur during the year. However, what the CDC fails to tell the public is that it has no idea how many people who died from underlying respiratory and circulatory problems actually had the influenza infection. In other words, the CDC doesn't know if a person who died of pneumonia also had the flu, because those statistics are not collected. The one fact that CDC can state for certain is this: The greatest number of influenza deaths recorded since 1979 were 3,006 in 1981. (…)

But is the influenza scare justified? To answer that question, The Journal decided to take a hard look at the CDC's historical data and last year's flu season as a good place to start.



"I hate it when we're not sure we're inoculating against the right strain of flu virus."

Recall that public health officials announced that the 2003 flu season not only began earlier than normal but that the strain of influenza circulating in North America did not match the strain formulated in the vaccine. Early in the 2003-2004 flu season, the CDC advised that although a vaccine had been developed with the wrong strain of virus it, nevertheless, "may provide some protection or lessen the symptoms," and continued to encourage worried Americans to be vaccinated.

However, after analyzing 2003 data this year, the CDC acknowledged that the 2003-2004 influenza vaccine had "no or low effectiveness against ILI (influenza-like illness)." In other words, last year's shot didn't work.

Mark Geier, a Silver Spring physician and president of the Genetic Centers of America along with his son, David Geier, a Maryland consultant on vaccine issues [zie punt 2-a blz.5], argue that the "no or low effectiveness" statement by the CDC is misleading. "What the CDC looked at in its study of the 2003-2004 season were people who received the vaccine versus those who did

not receive the vaccine and they followed these people for weeks to months," explained David Geier. "What was demonstrated was that last year's vaccine did not prevent any influenza-like illness – it had no statistical efficacy against the influenza infection." "Anyone can look at the CDC data and see that there is no statistical difference between those who received the vaccine and those who did not," David Geier said.

The data can be found at the CDC Web site, www.cdc.gov, under the report titled Preliminary Assessment of the Effectiveness of the 2003-2004 Inactivated Influenza Vaccine Colorado, Dec. 2003.

[De afbeelding hierboven is afkomstig van de website <http://www.whale.to/vaccines.html>]

◘ **'Bell Tolling for the Swine Flu'.** Video Presentatie van Teresa Forcades i Vila.
[Teresa Forcades i Vila – 2009-11-09 VIDEO – Bell Tolling for the Swine Flu (transcript)]
Link video: <http://globalresearch.ca/index.php?context=va&aid=15980>
(zie de digitale bijlage en videopresentatie op DVD)

[The text below is not a word by word transcript. It is the Dr. Forcades' written summary, with supporting sources and footnotes. We suggest you view the video before reading the written summary, Global Research Editor]

SOME THOUGHTS AND A PROPOSAL WITH REGARD TO 'SWINE FLU'

September 16, 2009 (modified on October 11, 2009) Dr. Teresa Forcades i Vila, MD (ABIM 1995, 2005), PhD in public health (UB 2004)

This is a translation of the Catalan original version published on Dr. Forcades' blog at www.catalunyareligio.cat

A. RELEVANT SCIENTIFIC INFORMATION

The first two reported cases of swine flu (virus A/HINI, strain S-OIV) were diagnosed in California (USA) on April 17, 2009 (1)

- The swine flu is not new because it is type A, neither is it new because it is of the subtype H1N1: the flu epidemic in 1918 was of the type A/H1N1 and since 1977 the virus A/H1N1 circulates during the flu season each year (2); the only novelty is the S-OIV strain. (3) .(4) [In de video legt Teresa uit dat dit virus omstreeks 1957 uit de circulatie verdween. Het kwam opnieuw te voorschijn in 1977, omdat 'zij' het lichaam van een Inuït – een eskimo vrouw, die aan deze griep in 1918 overleden was en begraven was onder het ijs – hebben opgegraven, een stuk weefsel eruit hebben verwijderd, waarna het virus opnieuw bijeengevoegd (geproduceerd) werd in een laboratorium. Dit is gepubliceerd in 'The New England Journal of Medicine'.]
- One-third of people older than 60 seem to be immune to the virus of the swine flu (5).
- Since it began until 15 September, 2009, 137 people have died from this flu in Europe and 3,559 worldwide (6). One must remember that each year, in Europe alone, between 40,000 and 220,000 people die because of the flu (7).
- Recognised health specialists, among whom are Dr. Bernard Debré, (member of the French National Ethics committee) and Dr. Juan José Rodriguez Sendín (president of the Spanish

Association of Medical Colleges) have publicly declared that the information obtained from the flu season in the southern hemisphere, shows that the swine flu has a lower mortality rate and complications rate than the annual flu (8). [Op grond hiervan, zegt ze in de video, dat we niet bang moeten zijn van deze bekende (A) varkensgriep.]

B. IRREGULARITIES WHICH SHOULD BE EXPLAINED

- At the end of January, 2009, the Austrian subsidiary of the North American pharmaceutical company, Baxter, delivered 72 kilos of vaccine material to 16 laboratories in Austria, Germany, the Czech Republic and Slovenia (9). [In de video voegt ze eraan toe, dat dit vaccin in februari en maart zou worden toegediend aan het volk in die landen tegen de seizoen griep.] A laboratory technician from the company, BioTest in the Czech Republic decided on his own to test the vaccines in ferrets.

  Ferrets are being used since 1918 to study the influenza vaccines: all the vaccinated ferrets died. Then the material sent by Baxter was investigated to find out what it actually was and it was discovered that it contained live bird flu virus (virus A/H5N1) combined with live seasonal flu virus (virus A/H3N2). [In de video: Dit is door Baxter officieel bevestigd. Ze ontkennen echter dat het vaccin materiaal bedoeld was voor gebruik op mensen. Echter, zegt Teresa in de video, het gaat om één van de laboratoria (Bio Test) die de griepvaccins dit jaar moeten maken.]

  If this contamination had not been discovered on time, the pandemic that without a real basis is being proclaimed by health authorities at the global (WHO) and at the local level, could now be a horrific reality. This combination of live viruses is potentially lethal [In de video: "both lethal and very infectious"] because it combines a virus that has a 60% mortality rate and a low infectivity rate (the virus of the bird flu), with a virus that has a low mortality rate and a high infectivity rate (a seasonal flu virus) (10).

- On the 29 April, 2009, 12 days after the detection of the first cases of the swine flu, Dr. Margaret Chan, Director General of the WHO, declared that the level of alert because of the danger of pandemic was phase 5 (on a scale 1-6) and ordered all governments of the member states of the WHO to activate emergency plans and maximum health alert. A month and a half later, on June 11, 2009, Dr. Chan declared that the A/H1N1 S-OIV pandemic was a reality (phase 6) (11). How could she declare a pandemic if according to the scientific data exposed above, the swine flu is milder than the seasonal flu, and the A/H1N1 is not a new virus but only a new strain of a very well known virus that a subset of the population recognizes immunologically? [In de video: "… thus leaving us unable to know the type of immunity present within the population."]

  Declaring a pandemic was possible despite these circumstances because in early May, the WHO had changed its definition of what a pandemic is. Prior to May, 2009, the definition of pandemic took into account the severity of the disease, which is the most relevant aspect with regard to the clinical and the political handling of a pandemic. However, this requirement was eliminated from the definition in May, 2009 (12). [In de video voegt ze eraan toe dat met de gewijzigde definitie de seizoengriep van elk jaar tot een pandemie verheven kan worden.] The change occurred shortly after the United States declared a state of "national health emergency" despite having only 20 people infected with the swine flu virus and no deaths whatsoever (13).

[In de video voegt ze een 3e onregelmatigheid toe: Het is bekendgemaakt dat een 2e golf van de varkensgriep aankomt en een mutatie van het virus zal plaatsvinden, terwijl het virus in 70 jaar niet gemuteerd is. Hoe is het mogelijk om dit te voorspellen?]

C. POLITICAL CONSEQUENCES OF THE DECLARATION OF PANDEMIC

- In the context of a pandemic, it is possible to require mandatory vaccination of a given segment of the people or even of the whole population (14).
- What can happen to a person who decides not to accept the vaccination? As long as it has not been decreed that the vaccination is mandatory, he/she is free to do so: but if the vaccination is decreed mandatory, then the State has the obligation to enforce the law by imposing a fine or a term in prison (in the state of Massachusetts, the proposed fine in this case could be as high as 1,000 dollars for each day that goes without vaccination) (15).
- Taking this into account, one could reasonably conclude: if the vaccination is made mandatory, then I will just go along and get vaccinated; after all, the vaccine is more or less the same as that of the annual flu, so no big deal.
- It is necessary to know that there are three new features that make the swine flu vaccine different from the annual flu vaccine.
  - The first novelty is that the majority of pharmaceutical companies are designing the vaccine in such a way that one injection will not be enough and each person will need to get two doses. The WHO also recommends to receive the seasonal flu vaccine. As a result, whoever follows this year's WHO recommendations exposes him or herself to be injected three times. This is something new which, theoretically, multiplies by three the possible toxicities. In practice, there is no way to know the long-term effects of this triple injection because it has never been done in this way before.
  - The second novelty is that some of the companies making the swine flu vaccine have decided to use co-adjuvants which are far more potent than those contained in the seasonal flu vaccine. Co-adjuvants are substances added to a vaccine to booster the immune system: the swine flu vaccine from Glaxo-Smith-Kline, for example, contains ASO3 (a combination of squalene and polysorbate), a co-adjuvant able to increase ten times the immune response. The problem with this rationale is that no one can be sure that this artificial stimulus to the immune system will not provoke serious autoimmune diseases (like Guillain-Barré paralysis) (16).
  - The third novelty that distinguishes the swine flu vaccine from that of each year is that the manufacturing companies are demanding that the States sign agreements so that they will have impunity if the vaccines have more side effects than expected (e.g. the Guillain-Barré paralysis may affect 10 people in every million who are vaccinated with the annual flu vaccine): The USA has signed a document which frees the politicians and the pharmaceutical companies from all responsibilities associated with unexpected side effects of the swine flu vaccine (17).

[In de video geeft Teresa de volgende aanvullende informatie.

Politieke consequenties van het verklaren van een pandemie:

"WHO is an international organization that normally issues recommendations … then it is assumed that each sovereign country applies or not the recommendations following its own criteria, its own circumstances, and well, its own internal research.

In 2005 this changed, allowing an exception precisely in case of a pandemic. This means that in case of a pandemic WHO doesn't make recommendations, it gives orders. (…) … again, this is

verifiable and objective fact. (…) … a pandemic is, well, as in the old definition, is a real serious threat to the health of the whole population, and that justifies this medical emergency, it does within the context of the old definition, not in the one that we have now. Therefore within the present definition, well … the title has remained the same, global pandemic, but its contents have totally changed, because the significant mortality rate doesn't exist. But the political consequences remain because of the heading. (…)

So, from 2005 when faced with a pandemic WHO doesn't recommends but orders member countries which actions to take. That's why we hear from the authorities in Catalonia and the whole of Spain … "We're awaiting WHO's recommendations …" [Inderdaad is dit i.v.m. de start van de vaccinatie campagne tegen de A/H1N1 griep ook zo door Minister Waterberg aan de pers meegedeeld.] Perhaps that's a manner of speech, but they aren't waiting for them because they think it's the right thing to do, but because they have to abide by them, not as recommendation but as order from the moment that it's issued. Well, you may ask, and what terrible thing may arrive? Well … the mandatory vaccination. This is the most important point to me. It is very important to spread this information so that – even if the information is offered on a voluntory basis – the larger number of people who know about the circumstances surrounding this vaccine and all the facts that we're telling, the better, so that each one of us can make an informed decision.

The point we're going to talk about now is slightly different. It's about the real possibility that this vaccine was issued, or distributed, or announced as a mandatory vaccin. And how can it be possible that I'm forced to have or to accept a vaccine that I don't wish to have? Well, the reasoning is quite clear. If we are in a global pandemic situation – although I insist, even in the present case it doesn't qualify – it seems that there's a risk that if a person doesn't take the shot, this may put other people's health at risk. (Deze redenering wordt verderop in deze brief beargumenteerd weersproken.) Therefore the countries are under obligation to ensure that the law is obeyed. If this is the law, what would this mean? Well, the same as usual: Fine or prison. Talking about fines … (zie hierboven in dit artikel punt C paragraaf 2) … Other ways that are already happening now, but this without the general law of obligatory nature, there are companies that say to their workers: "If you don't take the shot I fire you." There are open law suits in different countries, in the US, in UK, in France, because there are people who already have faced this dilemma and that have tried to refuse. And in some cases in private companies where there's no collective labour agreement, in the US for instance, this has already made people loose their job for refusing to accept this vaccine."]

SOME THOUGHTS

If the contamination of the vaccine material from Baxter had not been accidentally discovered, an extremely grave pandemic could be by now a shocking reality. The appalling lack of political and mass media reaction to what happened in February in the Czech laboratory is inexplicable. What is even more inexplicable is the degree of irresponsibility demonstrated by the WHO, by governments and by the national health agencies in declaring a pandemic and promoting a maximum health alert without a real rational basis. It is irresponsible and inexplicable, in the extreme, that billions of Euros from public funds have been spent to manufacture millions of doses of vaccines against a non-existent danger, while there is not sufficient money to help the millions of people (more than 5 million in the US alone) who due to the current economic crisis have lost their job and their home.

As long as these facts remain unexplained, the risk that contaminated vaccines could be distributed this winter and the risk that legal measures could be adopted to mandate vaccination are very real. They should not be underestimated.

If the swine flu continues to be as mild as it has been up to now, it does not make sense to expose oneself to the risk of a contaminated vaccine nor run the risk of suffering a Guillain-Barré partial paralysis. If the flu turns unexpectedly worse, as it has been predicted with no scientific basis by quite a few people in high office – among them the General Director of the WHO – it would still make no sense to allow oneself to be vaccinated: a rise in mortality could mean only two things:
1. that the virus of the S-OIV strain which is circulating now has suffered a mutation;
2. that another virus (or other viruses) are now circulating.

In both cases, the vaccine that is being currently prepared will be useless, and, considering what happened last February in the Baxter Pharmaceutical Company, it could even be the means of transmitting the disease.

A PROPOSAL

My proposal is clear: Along with staying calm, do take common sense precautions to avoid infection and avoid getting vaccinated, I make a call to urgently activate the legal instruments and the necessary citizen participation to assure, in a rotund manner, that no one in our country will be forced to be vaccinated against his/her will, and that those who freely accept to be vaccinated will not be deprived of their right to claim grievance and be compensated (they or their family) if the vaccine causes them illness or death.

Sister Teresa Forcades has a doctorate in Public Health from the University of Barcelona with a specialization in Internal Medicine (State University of New York). She also has a Masters in Divinity from Harvard University and a doctorate from the Facultad de Teología de Catalunya. She is the author of Crimes and Abuses of the Pharmaceutical Industry (Cristianisme i Justícia, 2006), La Trinitat, avui ("The Trinity, Today", Publicacions de l'Abadia de Montserrat, 2005), and La teologia feminista en la història ("Feminist Theology in History", Fragmenta Editorial, 2007). She has been a Benedictine nun and a member of the community of Sant Benet de Montserrat since 1997.

◘ Teresa Forcades i Vila geïnterviewd door Gaspar Hernández.
[Teresa Forcades i Vila – 2009-11-13 A Nun speaks out on the H1N1 Pandemic: The WHO changed the official definition of a pandemic] (zie digitale bijlage op DVD)

GH: Doesn't the World Health Organization deserve to be trusted?
TF: I don't understand the motives that have led WHO to act in the absurd way it is acting.
GH: Absurd?
TF: Yes. Last May, WHO changed the official definition of a pandemic – it changed from a logical definition (a pandemic is an infection of global proportions and with a high mortality) to an illogical definition (a pandemic is an infection of global proportions).
GH: What are the consequences of this change?
TF: Under the new definition of "pandemic", the annual [seasonal] flu more than meets the requirements to be one. Are we going to declare a world health alert every fall? Besides absurdity from the scientific standpoint, this has serious financial and policy consequences. (…)
GH: Can someone be obliged to get vaccinated?
TF: In 2007 [in haar videopresentatie en het transcript ervan zegt ze dat het in 2005 was, hetgeen door twee andere bronnen in deze brief wordt bevestigd], WHO adopted a regulation establishing an exception. In all cases except one, the WHO makes recommendations, and only in one case may it give orders that override the sovereignty of member countries.
GH: In the case of a pandemic.

TF: Exactly. In 2007, WHO adopted a regulation that in case of a pandemic, WHO can legally bind member countries to vaccinate all or part of their population. The governments of these countries would be obliged then to impose fines or other penalties for individuals who refuse to be vaccinated.
GH: Do you believe in world conspiracies?
TF: I think there are interests at stake are not the good of the population. How can we justify the money invested in the purchase of vaccines if influenza A is milder than the annual seasonal flu? Spending so much money on vaccines and other preventive measures without sufficient scientific basis is an outrage and we should ask for accountability.

◘ 'Vaccines: Facts & Myths'. Video interview met Prof.dr. Maria Dorota Majewska.
[YouTube – Polish Professor about Swine Flu Vaccines – Part 1 en 2] (zie video bijlage op DVD) Hieronder een citaat daaruit.

"What links pharmaceutical companies with governments and how does it effect our health? Companies provide millions and billions of dollars to US congressman and european deputies, buying acts, giving them sort of immunity, so that when someone gets damaged by some vaccine it's the society who pays for this public money, instead of the company who produced this vaccine. It's therefore an effect of the corruptive system in western countries and of course in Poland. [De vraag kan hierbij gesteld worden: Gebeurt dat alleen in de westerse landen?]

Is it right to impose the swine flu vaccination on us?
I think we should be alarmed by anything that is obligatory. If obligatory vaccination of children cause tens of thousands, maybe hundreds of thousands of complications and deaths, we should expect that forced vaccination of most of the human population, 6 or 4 billions, may cause a huge amount of complications and deaths. We should be afraid of the new vaccine for the new flu (of which we know so little), also because we don't know exactly what is in this vaccine. We know there may be a few highly toxic substances, one of them being thimerosal – a mercury compound. Another ingredient we should be afraid of, that seems to be part of some of these vaccines, is squalene. Squalene takes part in the synthesis of cholesterol, which in turn is an indispensible component of life. Every cell contains huge amounts of cholesterol deposits in its membranes, which is necessary for its proper functionnement. Cholesterol is also used in production of all steroid hormones – hormones used during stress, sex hormones, and mineralocorticoids. It is feared that appearance of antibodies against squalene, if it is added to these vaccines, may cause severe damage to basiccaly all cells of the body, accelerating deaths of many people. Such reactions were observed with american soldiers who, before the Gulf War, were given many different vaccines containing squalene. It seems that squalene was one of the major factors that caused a very serious immunological disease, which is also being transferred to their children. It appears that the children are handicapped similarly to these soldiers, who are today often on wheelchairs, dying, even though they weren't wounded. I think that mass vaccination against a disease which seems to be milder than seasonal influenza has no justification. (…)

Why are the media raising panic about the swine flu? Where does it come from?
Where does the virus come from? It seems it appears suddenly. There are suspicions, expressed by scientists, that it might have been created in laboratories. Such suspicions occur and are not to be ignored. WHO and american CDC, controlling infectious diseases, started mentioning pandemy in march or april 2009 when their was no case of anyone getting sick yet. All that put together seems at least strange or even suspicious. We also know, since CDC confirmed it, that scientists, also working for CDC, have reconstructed the spanish flu virus which killed 50 million in 1918. Why did they do it remains a mystery. We don't know and we should be intrigued why did government organisations produce this living virus.

Who gets vaccinated and who refuses?
Those who get vaccinated are usually people who have little knowledge, little life experience, naive, poor people. Conscious people – doctors, scientists, ecucated people – have already acquiered knowledge about these vaccines and they usually refuse vaccination. It is significant that in the US in many cities in many states doctors and nurses in great numbers refuse to carry out the vaccinations in themselves as well on patients. Similarly in France, in Germany, in Scandinavia where apparantly 80% refuse such vaccinations, so it depends on the level of awareness of society, but it seems that resistance against forced vaccination raises in the whole world. I think the resistance is just, because everything that is obligatory is, firstly, incompatible with democracy and, secondly, seems really very, very suspicious. We know too little about such vaccinations. Me, I will surely not vaccinate myself.

◘ A. True Ott, PhD, ND: 'Swine Flu' Pandemic Is Man-Made
[True Ott – 2009-07-26 Startling New Evidence That The 'Swine Flu' Pandemic Is Man-Made]
(zie digitale bijlage op DVD)

Murder suspects are either convicted or acquitted at trial based on the prosecution' s presentation of EVIDENCE which usually hinges on MOTIVE, OPPORTUNITY, and TIME-LINES combined with physical documents. To gather such hard evidence, detectives and/or federal agents often spend months following leads and interviewing witnesses. In the trial phase, re-creating the sequence of events is essential. I submit this paper that will provide more than enough hard evidence to at least result in a series of criminal indictments of charges of MASS MURDER, and CONSPIRACY TO COMMIT WORLD GENOCIDE against Novartis Pharmaceutical principals and agents and others.

PRIMARY MOTIVE

The Primary Motive behind this alleged criminal activity is also the primary cause of most murders in the world today, and that motivation is simply: BIG MONEY. Billions of Dollars of windfall profits from government contracts worldwide, as a matter of fact.

I will provide evidence that will show that Novartis Pharmaceuticals of Basel, Switzerland has conspired with corrupt "scientists" at the U.S. Army Institute of Pathology, Ft. Detrick, Maryland, to create a "novel" strain of weaponized "influenza" virus by means of "reverse engineering" the deadly 1918 killer strain, which strain was maliciously and surreptitiously released upon the world in March and April of 2009 for the primary purpose of creating a panic-stricken world-wide demand for Novartis vaccine material.

The evidence will also clearly show that the Novartis vaccine material is in reality designed to facilitate the further mutation of the pandemic into more lethal waves of increasingly virulent and deadly disease, rather than to curtail and limit the existing outbreak. The evidence will show that Novartis is willingly being used, (and extremely well-paid) to facilitate the edicts of the global elite's Club of Rome; which edicts clearly call for a massive and sudden depopulation of certain segments of the earth's human population.

PRIMARY EVIDENCE

To realize such windfall profits on an engineered, global flu pandemic, detailed covert planning must take place of course. Patents protecting the proprietary flu vaccine must be applied for and secured before the pandemic virus is released in order to minimize the competition and maximize the profit potentials. In a biological attack of this nature, timing is extremely critical. Indeed, the

evidence is clear – Novartis applied for just such a patent on Nov. 4, 2005, and the U.S. Patent Office accepted this application and granted US 20090047353A1 for a "Split Influenza Vaccine with Adjuvants" on February 19, 2009. (zie digitale bijlage op DVD)

With this patent now secured, the conspirators were now free to create the demand for their "novel" split influenza vaccine by releasing a "novel" split-influenza (combining multiple viruses) pandemic virus from a weapons lab test-tube into unsuspecting human hosts. <http://www.washingtonpost.com /wp-dyn/content/article/2009/06/17/AR2009061703271.html>

The so-called "Swine Flu" grabbing headlines today is actually a recombinant or "split-influenza" virus consisting of A-strain Bird-Flu (H5N1), Swine Flu (H1N1) and multiple strains of human flu (H3N2). Likewise, the 1918 Killer Flu that killed untold millions of people was a recombinant or split-influenza" virus composed of Bird flu, Swine Flu, and multiple strains of human flu.

CRIMINAL TIMELINE

The criminal timeline begins in 1997, when Dr. Jeffrey Taubenberger assembled a team of geneticists and microbiologists to analyze the genome structure, and then to REPRODUCE (i.e. reverse engineer) what is arguably one of the most deadly viral structures the world has ever been cursed with – the 1918 killer flu virus. According to numerous published stories and reports, Taubenberger and his team utilized super-computers to map the complex RNA and DNA structures of the killer virus, then utilized human plasmids to successfully re-create the 1918 killer. Taubenberger completed his work in early 2005, then immediately left the employ of the U.S. Army at Ft. Detrick to take a much more lucrative position with the National Institutes of Health. His new focus was to create a VACCINE against the very same 1918 killer flu that he and his team had, just months earlier, successfully "reverse engineered" and created.

This researcher [True Ott] is very confident that a focused criminal investigation would likely reveal prima facia evidence that Taubenberger was in reality working for Novartis while employed with the N.I.H. – and was quite likely the primary author of Novartis' Nov. 6, 2005 "provisional" patent application. On page 2, paragraph 32 of the patent publication we read, quote: "The influenza virus (that the 'invention vaccine' is designed to protect against) may be a reassortant strain, and may have been obtained by reverse genetics techniques. Reverse genetics techniques allow influenza viruses with desired genome segments to be prepared in vitro using plasmids."

The remnant of the paragraph then goes into very specific detail as to the actual mechanics of how the pandemic virus was actually created by Taubenberger' s Ft. Detrick team. At the very least, the author of the patent application had to have studied Taubenberger' s various published reports on his work at Detrick, for the wording and science is virtually verbatim. Furthermore, this paragraph is even more damning by the words "may have been obtained". Who "obtained" this virus and for what reason was it "obtained"?

Keep in mind the CDC and HHS would have Americans believe that the pandemic viral outbreak is totally a "natural" occurrence – if so then how could Novartis have such an incredible advance knowledge to the point of developing a vaccine with such absolutely PERFECT TIMING??? [Ook de WHO verkondigde dit standpunt (zie het bestand ‘WHO - 2009-05-14 Novel H1N1 Flu a Naturally Circulating Virus, Not From a Laboratory’ op digitale bijlage op DVD).]

WHO EXACTLY IS "NOVARTIS"?

Novartis International AG is simply the world's largest, multi-national pharmaceutical company with over $53 Billion USD revenue generated in 2008. It's headquarters is located in Basel, Switzerland, home of the vaunted "Swiss Guards" who provide all security measures for the Vatican and the Club of Rome. The company logo symbolizes the "eternal flame" of the Illuminati enlightened ones". Dig into Novartis International AG's long history, and one finds that it began as a component of the infamous I.G. Farben combine, which in turn was primarily responsible for the rise of Adolph Hitler and the German/Austrian Third Reich.

Dig a bit deeper and you find that Novartis also wholly owns a company called Sandoz – which was the inventor of LSD and other strong hallucinogenic "truth" drugs, and was the supplier of LSD to the CIA allowing them to scale new heights with their covert "MK ULTRA" mind control experiments. Documents released to U.S. Congressional investigators in 1977 show that Sandoz Labs had arranged for certain Nazi scientists to gain new identities in Allen Dulles' CIA at the conclusion of WWII. This was accomplished under a secret extraction program called "Operation Paper Clip".

The address listed on the Novartis Patent applications is a P.O. Box in Emeryville, California. Up until the summer of 2005, this Emeryville California address belonged to Chiron Inc. – the world's second-largest INFLUENZA VACCINE MANUFACTURER. Chiron was doing very well, with reported sales of $357 million in fiscal 2002. Chiron's sales nearly doubled, peaking at a whopping $678 million in 2003 – and it was mostly due to the marketing and sale of FLU VACCINE CONTRACTS to the federal government. Novartis, which owned much of Chiron's stock, was very pleased, until disaster struck in 2004 – the entire year's stock of flu vaccine was found to be contaminated and was condemned.

Stock values plummeted on the news. With the stock at a historic low, Novartis quickly purchased the remainder of Chiron's stock and began immediately to work on the massive "novel pandemic flu" vaccine that they somehow knew would soon have worldwide demand – especially if they controlled the exclusive patent they could effectively "corner the pandemic flu vaccine market"!! <http://www.sfgate.com/cgi-bin/articlecgi?file=/chronicle /archive/ 2005/09/02/BUGULEGTV61.DTL&type= business (...)

The historical record is very clear – attenuated, live viruses in vaccines SPREAD the disease very effectively. When combined with SQUALENE ADJUVANT – the virus becomes many times more potent and lethal. When given to CHILDREN IN SCHOOLS, millions of "typhoid Matts and Marys" will be spreading the disease exponentially.

Chillingly, the Novartis patent for the "novel pandemic flu" declares that African green monkey kidney cells" will be used for the "viral growth substrate" – i.e. the carrier medium. (Page 3, paragraph 0037) We also see that "oil-in-water" squalene-based adjuvants will also be included (page 8 - 0098) but most incredible of all, because this is a "recombinant" and "novel" split vaccine, it is deemed necessary to include fragments of attenuated viruses (i.e. live pathogens) in the vaccine medium.

On July 13, 2009, the W.H.O. sanctioned this lunacy by declaring: "In view of the anticipated limited vaccine availability at global level and the potential need to protect against 'drifted' strains of virus, it is recommended that promoting production and use of vaccines such as those that are formulated with oil-in-water adjuvants and live attenuated influenza vaccines is important."
<http://www.who.int/csr/disease/swineflu/notes/h1n1_vaccine_20090713/en/index.html >

In conclusion and summation, it should be evident that the "2009 Swine Flu" could just as easily be called the "Bird Flu" – because it is as much H5N1 (bird flu) as H1N1 (pig flu). Novartis knew this in 2005 when it received hundreds of millions of dollars from Mike Leavitt's HHS to develop and patent the "bird flu" vaccine. I publicly charge that Novartis had advance knowledge of this "combination" because they had been in consultation with Jeffrey Taubenberger for years.

It is further evident that Novartis' patent provides for "influenza vaccine kits" to be provided to other pharmaceutical manufacturers as well. These "kits" are the basic raw ingredients needed for the other companies to build their own vaccines under their own label.

In 2005, this "jobbing" of separate ingredients by multiple companies would never have been allowed because of the legal liability issues involved. However, in 2009, all liabilities for death and disability from faulty or contaminated vaccines have been stripped away. Any wrongful death or disability lawsuits against Novartis or any other company will today be summarily dismissed. Novartis today has carte blanche blanket immunity for their actions – and any large pharmaceutical company who so desires, can join them at the feeding troughs just by paying millions for their "kits".

If this isn't the pinnacle of criminality, then I don't know what is.

Novartis, if this "novel split vaccine" is so wonderful and safe, why do you require such blanket protection from litigation?

◘ 'WHO 2005 Declaration': Lidlanden droegen (een deel van) hun soevereiniteit over aan de WHO in geval van een pandemie. [Marti Oakley – 2009-07-30 Refusing vaccination labels you a "criminal", so says WHO] (zie digitale bijlage op DVD)

The World Health Organization determined in 2005 it has the authority to dissolve sovereign governments and take control should there be a "pandemic". This applies to any country signed onto WHO (…)

From the WHO 2005 declaration: (excerpted) "Under special pandemic plans enacted around the world including the USA, in 2005, national governments are to be dissolved in the event of a pandemic emergency and replaced by special crisis committees, which take charge of the health and security infrastructure of a country, and which are answerable to the WHO and EU in Europe and to the WHO and UN in North America." (…) [Vermeld in 'Comments'] As for the declaration … it was contained in the minutes of the 2005 meeting of WHO and has now been "disappeared" . WHO claims there were no minutes taken and refused to release them. Common sense tells you this isn't true. Minutes are ALWAYS taken. This was a meeting of 194 of the participating countries. (…)

Under the [USA] Model State Emergency Health Powers Act, upon the declaration of a "public health emergency," governors and public health officials would be empowered to:

- Force individuals suspected of harboring an "infectious disease" to undergo medical examinations.
- Track and share an individual's personal health information, including genetic information.
- Force persons to be vaccinated, treated, or quarantined for infectious diseases.
- Mandate that all health care providers report all cases of persons who harbor any illness or health condition that may be caused by an epidemic or an infectious agent and might pose a "substantial risk" to a "significant number of people or cause a long-term disability." (Note: Neither "substantial risk" nor "significant number" are defined in the draft.)

- Force pharmacists to report any unusual or any increased prescription rates that may be caused by epidemic diseases.
- Preempt existing state laws, rules and regulations, including those relating to privacy, medical licensure, and–this is key–property rights.
- Control public and private property during a public health emergency, including pharmaceutical manufacturing plants, nursing homes, other health care facilities, and communications devices.
- Mobilize all or any part of the "organized militia into service to the state to help enforce the state's orders." Ration firearms, explosives, food, fuel and alcoholic beverages, among other commodities.
- Impose fines and penalties to enforce their orders.

◘ Polish Health Minister Ewa Kopacz in Polish Parliament Regarding Swine Flu Vaccines. (5 November 2009) [YouTube Video] (zie video bijlage op DVD) Vertaald door Maczikszcz (met verontschuldiging voor de engelse vertaling).

I would like to say that my priority during my 20 odd years of my GP (Physician) practice was: "First of all do no harm". I took that rule with me to my Health Minister Office. In situation when I was to recommend a medicine to anybody, I believe just like any other practitioner, I would think: "Would I give it to my elderly mother, my child?" And exactly such thought make me very cautious about double checking the information regarding a medicine that Health Ministry is to recommend to every Pole. (…)

I have just one fundamental question: Do we want to fight flu pandemic? Today we have knowledge about enclosures in agreements that other, many governments of wealthier countries have signed with vaccine producers. Also we know what was proposed to Poland. Due to negotiations being in progress I can't tell all details, but I can tell one thing: Our Law Department found at least 20 points of doubt in the agreement. So, what is Health Minister's duty? To sign agreements that are of best interest to Polish people, or to sign agreements that are of best interest to the pharmaceutical companies? [Applause]. I know that there are 3 vaccines available on the market today, of 3 different producers. Each has a different amount of active substance and yet strangely they are all treated the same? Therefore isn't it fair enough for Health Minister and the experts to have slightest doubts of it? Maybe the one with trace amounts of active substance is just "holy water" that we suppose think that can cure flu? Are we supposed to pay for that? [Applause]

We have an example of Germany that bought 50 million jabs [flu shots], only 10% has been applied so far. 13% of Germans want to take this "miraculous cure" today. But it's peculiar because the Germans have a very high percentage of vaccine takers. So when in Poland for 1000 people only 52 will take a seasonal flu jab, in Germany there will be 238 for a 1000 (23%). So what happens that only 13 % of Germans want to take the swine flu vaccine and not 23% of population as usual with seasonal flu? Their government bought the vaccines and offered them for free and they don't want it? What happened? Can those facts make us have second thoughts about buying the vaccines or not? Second thoughts introducing a medicine that's kind of secret?

There are websites on which vaccine producers have an obligation to publish so-called post-vaccinational unwanted side efects. The vaccination in Europe started on 1st October 2009. I would like to visit any of these websites and find unwanted side effects. Any slightest thing, at least one, like allergic skin rush. That can happen even with using a safest medicine. There are none on those websites. A 'perfect' medicine. And since it's so miraculous, then why the producing company doesn't want to introduce their medicine to free market and take

responsibility for it? Why wouldn't they say: "Wonderful safe medicine, therefore I will take responsibility for it , I will introduce it to the market and everything is clear and transparant?" Instead of dropping the weight on us, the buyers.

We do not have clinical test results, no detailed ingredients and no information about side effects. The vaccines are now in the 4th stage of tests, very short tests, and we still do not have any information. Also, the sample has been very little. One kind of vaccine was tested only on 160 volunteers age 20-60, all healthy. Is this good enough, especially for us doctors present in this room? It is not good enough for me. I want to be sure enough to recommend this vaccine. (…)

Also, there are 1 billion people with seasonal flu worldwide every year. And it hasn't been going for a year or two, but for a very long time. Has anybody anywhere announced a pandemium because of seasonal flu? And the seasonal flu is much more dangerous than swine flu, there are even deaths and severe complications. Was there any pandemic announced? Those to push me to buy vaccines, I ask you: "Why didn't you scream and shout last year, two years ago and in 2003? In 2003 there were 1,200,000 Poles having seasonal flu! Has anybody shouted, here in this room: Let's buy vaccines for everybody?" I can't recall such a thing. And finally I would like to say only one thing: "Polish nation is very wise. Poles can tell the truth from lies very precisely. They can also tell what is an objective situation and what is just a game."

Een moedige daad van een moedige vrouw. Dit is de taal naar mijn hart, afkomstig van een lid van de regering van een land, dat in het veiligstellen van de gezondheid van het volk de grote druk van het farmaceutisch kartel met een opgeheven hoofd trotseert. Maar zij staat hierin niet alleen, want haar toespraak werd met applaus in het parlement beantwoord, en ze wordt door de Premier en de Vice-Minister van Volksgezondheid geruggesteund (zie hieronder). Alle ogen zijn nu op Polen gericht om te zien of de regering zal volharden in het bewandelen van dit doornig pad.

Dit zeggende, wil ik in één adem eraan toevoegen dat hulde uit de aard der zaak evenzeer en vooral toekomt aan alle vaccin-kritici die al tientallen jaren onder zeer moeilijke omstandigheden hun visie verkondigen en – ondanks de 'blinde muren' op hun weg – onvermoeid aan de weg blijven timmeren.

In een andere YouTube video (Polish Health Minister Ewa Kopacz about swine flu and vaccine – Part 1 of 4 (9 November 2009) – waarin Ewa Kopacz en haar voorganger, Marek Balicki, die haar standpunt bekritiseert, te gast zijn in een talk-show van de poolse TVN – zegt ze verder in niet mis te verstane bewoordingen:
(De vertaling is niet geweldig, maar het kan begrepen worden.)

"The Health Minister's duty is to ask questions because it's not going to be you [Balicki] nor EMA [European Medicines Agency] that will sign the agreement and take the responsibility, but the government. Unfortunately these bandit conditions the pharmaceutical company has proposed in agreement projects, is unacceptable."
"Today the company says: That it (the vaccine) was approved for free sale is one. We want to make the medicine will be purchased by the government. Why? Because the government has to take responsibility for side effects and long term measures."
"There can't be companies dictatorship."
"… this vaccine was prepared in very extreme conditions, fast on a small group, where clinical observations are incomplete. Good, but do you [Balicki] know what is the 4 phase clinical research observed these vaccinated pregnant women. So what we have to watch our pregnant women as they respond. I think, over my dead body."

“To put it straight: Bad would happen if ministers as good as you and ministers who are after me are less inquisitive when it comes to the health of the Poles. Bad was going to happen, really bad was going to happen.”

◘ Reacties van de Premier van Polen, Donald Tusk.

► Polish Prime Minister officially refuses to buy Swine Flu vaccines unless properly tested!
By Monica Scislowska (The Canadian Press). (zie video bijlage op DVD)

Warshaw, Poland – Polish PM Donald Tusk said Friday [6 November 2009] that his government won’t buy vaccines for swine flu that have not been properly tested or from producers who won’t take responsibility for possible side effects . Tusk told reporters that vaccine producers were pressuring governments to buy, but were also demanding that all responsibility and compensation for possible negative side effects fall upon government shoulders. “Today we are dealing with great pressure from pharmaceutical firms … we are dealing with expectations that hunderds of millions ziotys (dollars) will be spent on vaccines while no one wants to guarantee that it has no side effects.” he said. He stressed that the few dozens swine cases in Poland have been mild and no deaths have been reported.

► Polish Prime Minister Donald Tusk Pressured by EC on Swine Flu (A/H1N1) Vaccines.
(6 November 2009) [YouTube Video] (zie video bijlage op DVD) Vertaald door Maczikszcz.
De premier beantwoordt vragen van de pers.

V: Mr. Prime Minister, an anouncement by European Commission has just been published which say that the best way to prevent swine flu is vaccination. Will it change our governments and our Health Minister’s mind on buying the vacines?

A: I have a lot of respect to European Commission and for their ability to take speedy actions, but also we have enough of criticism in us to calmly approach various information on that matter. We do realise that today there is no alternative for vaccines that appeared on the market and I would be much more interested, I will say that openly, in statement that European Commission takes all legal responsibility for any side effect caused by the vaccines. Then we could talk openly and frankly about the facts. And we all understand very well, what I have in mind.

Apart from that, not only in movies and books but often also in documents we find traces of interesting and unusual actions when there is big money and big markets involved, that includes pharmaceutical market. And of course it is not a comment on European Commission but on the whole case. [In het licht van wat er nu gaande is m.b.t. de A/H1N1 varkensgriep kwestie in relatie tot de WHO is er inderdaad een film die de moeite waard is om te bekijken. Titel: “Left Behind – World At War” met onder andere Lou Gosset Jr. en Kirk Cameron. Interessant genoeg komt het thema in de film (waaronder het overdragen van delen van de soevereiniteit van landen in de handen van de Secretaris Generaal van de Verenigde Naties) overeen met bepaalde passages in de voorspellingen van Nostradamus m.b.t. de ‘Anti-Christ’.]

◘ Polish Vice Health Minister in Parliament on Swine Flu (A/H1N1) Vaccines.
(November 2009) [YouTube Video] (zie video bijlage op DVD) Vertaald door Maczikszcz.

It was said here that WHO and European Commission recommands the A/H1N1 vaccines. Yes, it is true. But the responsibility lies with Health Ministry of every country in terms of health security of given country. And now we have a situation where in one country that bought a very large amount of vaccines 2 people died of A/H1N1 [de ziekte] and 4 people died in few hours after vaccine injection, allegedly of post-vaccinational complications. Isn’t that a signal for

Health Minister, doesn't it trigger an alert? Great Brittain widely allows vaccines that contain adjuvants containing mercury, for all social groups: so-called risk groups and for the whole society. But other countries with their pandemic comitees say: "Stop to this vaccines. We do not allow neither the children up to 18 years of age nor pregnant women to be vaccinated with this jab!" This is only 1000-2000 km away! It's the same Europian community, same philosophy but so different points of view!

◘ Video interview met Rauni Leena Luuk.men-Kilde – Chief Medical Officer Finland.
[YouTube – Former Finland Health Minister speaks out against vaccinations.] (zie video bijlage op DVD) Het volgende citaat laat zien hoe de Finse Regering het finse volk onttrokken heeft uit het duister krachtveld aangaande de internationale A/H1N1 griep kwestie waarin het zich geplaatst vond.

"The Finnish Government made a decision … changed laws … which is very interesting … changed laws that the swine influenza is not anymore on the list of being a dangerous, serious contaminating disease. And that means that, of course, people have to pay for themselves … but in my mind – of course this is a legal question for the lawyers – but in my mind, if something is not a dangerous contaminating disease, you cannot be forced to take an injection, right? So I think they are very, very smart."

◘ Jane Burgermeister: WHO moves forward in secrecy to accomplish forced vaccination and population agenda. (zie digitale bijlage op DVD)

In dit (ongedateerd) artikel zegt Jane het volgende:

"The WHO has refused to release the Minutes of a key meeting of an advisory vaccine group – packed with executives from Baxter, Novartis and Sanofi – that recommended compulsory vaccinations in the USA, Europe and other countries against the artificial H1N1 "swine flu" virus this autumn. In an email this morning, a WHO spokesperson claimed there are no Minutes of the meeting that took place on July 7th in which guidelines on the need for worldwide vaccinations – that WHO adopted this Monday – were formulated and in which Baxter and other pharma executives participated. Under the International Health Regulations, WHO guidelines have a binding character on all of WHO's 194 signatory countries in the event of a pandemic emergency of the kind anticipated this autumn when the second more lethal wave of the H1N1 virus — which is bioengineered to resemble the Spanish flu virus — emerges."

"There is verifiable, clear and unambiguous proof that WHO supplied the live bird flu virus to Baxter's subsidiary in Austria, which was used by Baxter to manufacture 72 kilos of vaccine material in Febuary. Baxter subsequently sent this material out to 16 labs in four countries under a false label designating the contaminated product as vaccine material, so nearly triggering a global pandemic. Because Baxter must adhere to strict biosafety level 3 regulations when handling a dangerus virus such as the bird flu virus, the production and distribution of so much pandemic material cannot have been an accident but must have been done by Baxter with criminal intent. The Austrian police are now investigating after I filed criminal charges in April."

◘ Citaten over verplichte vaccinaties.
[Shirley's Wellness – Vaccinations, Deception and Tragedy – Part 1] (zie digitale bijlage op DVD)

► "May 23, 2002 – MANDATORY VACCINATION ACT – The Emergency Health Powers Act has just been passed in the second state, Wisconsin, and is already law in Kentucky. This

legislation is also under consideration in the other forty-eight states. In the Wisconsin law, it is a $10,000 fine AND/OR nine months in prison if a person refuses the forced vaccinations."

► "Immunizations are "mandatory" in the U.S. for all children; 7 visits to a healthcare provider for a total of 32 vaccine mixtures – all before the child enters school. Every year, between 12,000 and 14,000 reports of adverse vaccine reactions are filed with the FDA. These include hospitalizations, permanent brain damage, and death. The FDA estimates that this figure may represent just 10 percent of the true damage being done. In just 7 years (by August 31, 1997), the U.S. government spent more than $802 million compensating moms and dads for brain injuries and deaths inflicted on their children by mandated vaccines.(National Vaccine Injury Compensation Program (VICP)"

►**YOU MUST HAVE MANDATORY VACCINATIONS OR YOU WILL BE CHARGED WITH A CRIME**

The Assembly Bill # 849, 850 without a name or titled, (Mandated Vaccinations/Emergency Health Powers Act) was passed under Rep. Greg Underheims directions in March 2002 "The **Wisconsin** Department of Health Services may order any vaccination series and may isolate anyone who does not take the vaccinations, or unwilling to take them. It calls for a **$10,000 fine and/or nine months in prison** for those who do not get vaccinations." Will your state may be next?

This Emergency Health Bill – Mandated Vaccination and other demands, is in every state, but under different names. Department of Health and Human Services Secretary Tommy Thompson said that all Americans should know that they "have their name on a vaccine shot in our inventory." Hope you can stop this in your state – we couldn't. Sponsored by Rep. Greg Underheim and Rep. Frank Urban-Wisconsin The Assembly Bill # 849, 850 without a name or titled, (Mandated Vaccinations/ Emergency Health Powers Act) was passed under Rep. Greg Underheims directions. Underheim deserves all the credit for the passage hence we should call it the "Underheim Black Helicopter Bill." It his words, "We don't care what you think, the bill will be attached to the budget bill. For those in states, in which this bill has not been passed, this is how they did it in Wisconsin. Underheim sent out a fax approximately 3 weeks ago, calling it then the Bio-Terrorism Bill relating to the Emergency Health Bill. However, the bill did not come out of the Legislative Bureau until Monday night, 2/25. It was posted on the Internet on Tuesday, 2/26. On Wednesday morning 2/27 it passed. Sierra Times and the Association of American Physicians and Surgeons website

►**Guylaine Lanctôt – 1996 Dr Buchwald testimony.** (zie digitale bijlage op DVD)
Dr. Buchwald testimony before the Quebec College of Physicians Medical Board

"L.: You mentioned that a group of Swiss physicians have banded together to oppose the WHO-imposed mandatory vaccination plan. Can you tell us what their arguments are?

B.:They are afraid that the dangers far outweigh the benefits ... The Swiss physicians are concerned about what has occurred in the United States. There is a report that deaths have risen ten-fold (since the introduction of mandatory vaccinations) and that this situation has mystified American physicians."

► "**Dr. Kalokerinos MD** – "Doctors and nurses vaccinate babies without a thought that what they are doing might be highly dangerous and abusive yet neither they nor anyone else is willing to take responsibility if something terrible happens. My final conclusion after forty years or more in medicine is that the unofficial policy of the World Health Organization and the Save the Children's Fund is one of murder and genocide."

◘ Makers of the H1N1 vaccine refuse to take it. Wayne Madsen, investigative journalist on RT-TV [YouTube – Makers of the H1N1 vaccine refuse to take it] (zie video bijlage op DVD)

Who has taken the swine flu vaccine so far and what have you heard about it?

"(…) I know from talking to people in the research community … even scientists who helped develop the vaccine for smallpox were saying they are not going to take the vaccine, and urging their friends and family not to take this vaccine neither."

How will this swine flu vaccine be offered? Will it be mandatory for people? What have you heard about that?

"There was a conference here in Washington last week where we have two themes present. We have the research community, the medical community saying, look what we need to provide the public is good information and let them make the decision based on facts. We have the emergency community, the Homeland Security, Federal Emergency Management Agency people talking about forced vaccination, forced quarantines; basically the politicians running the show instead of the people who are from the medical community and know much better about the threat of this particular influenza."

◘ Squalenes in the A/H1N1 vacines.
[Mercola – 2009-08-04 Squalene, The Swine Flu Vaccine's Dirty Little Secret Exposed]

The U.S. government has contracts with several drug companies to develop and produce swine flu vaccines. At least two of those companies, Novartis and GlaxoSmithKline, are using an adjuvant in their H1N1 vaccines. The adjuvant? Squalene.

Novartis's proprietary squalene adjuvant for their H1N1 vaccine is MF59. Glaxo's is ASO3. MF59 has yet to be approved by the FDA for use in any U.S. vaccine, despite its history of use in other countries.

Per Meryl Nass, M.D., an authority on the anthrax vaccine, there are only three vaccines in existence using an approved squalene adjuvant. None of the three are approved for use in the U.S.

◘ De H1N1 varkensgriep pandemie 2009: De massale vaccinatie campagne in de UK.

Het artikel 'Swine flu jab link to killer nerve disease: Leaked letter reveals concern of neurologists over 25 deaths in America', geschreven door Jo Macfarlane en gepubliceerd op 15 augustus 2009 in de Daily Mail (UK), onthult dat op 29 juli 2009 Prof. Elizabeth Miller, Hoofd van de Immunisatie Afdeling binnen de britse Health Protection Agency, een confidentiële brief verstuurd heeft naar omstreeks 600 neurologen. Daaruit blijkt dat binnen de britse openbare gezondheidszorg op de hoogste niveau's rekening gehouden wordt met het zich voordoen van gevallen van het Guillain-Barré Syndroom (GBS) tijdens de massale vaccinatie campagne tegen de H1N1 varkensgriep die binnenkort in de United Kingdom zal starten. Tevens wordt rekening gehouden met een mogelijke vergroting van het risico bij gevaccineerden voor het krijgen van GBS. [Jo Macfarlane – 2009-08-15 Swine flu jab link to killer nerve disease – Leaked government letter to neurologists (zie digitale bijlage op DVD)

In de brief staat: "The vaccines used to combat an expected swine influenza pandemic in 1976 were shown to be associated with GBS and were withdrawn from use." … "GBS has been

identified as a condition needing enhanced surveillance when the swine flu vaccines are rolled out." … "Reporting every case of GBS irrespective of vaccination or disease history is essential for conducting robust epidemiological analyses capable of identifying whether there is an increased risk of GBS in defined time periods after vaccination, or after influenza itself, compared with the background risk."

Terecht stelt de Daily Mail waarom deze informatie niet aan het volk bekend wordt gemaakt, vóór de vaccinatie van miljoenen personen zal plaatsvinden, inclusief kinderen.

Een soortgelijke brief werd op 27 juli 2009 verstuurd door Dr. Rustam Al-Shahi Salman, Voorzitter van de Surveillance Unit van de Association of British Neurologists (BNSU), en Prof. Patrick Chinnery, Voorzitter van de Clinical Research Committee van de BNSU, aan de leden van de BNSU.

Daarin staat: "Traditionally, the BNSU has monitored rare diseases for long periods of time. However, the swine influenza (H1N1) pandemic has overtaken us and we need every member's involvement with a new BNSU survey of Guillain-Barre Syndrome that will start on August 1 and run for approximately nine months." … "Following the 1976 programme of vaccination against swine influenza in the US, a retrospective study found a possible eight-fold increase in the incidence of GBS." … "Active prospective ascertainment of every case of GBS in the UK is required. Please tell BNSU about every case." … "You will have seen Press coverage describing the Government's concern about releasing a vaccine of unknown safety."

De britse regering maakt zich dus zorgen over mogelijke schadelijke gevolgen van het gebruiken van een vaccin [tegen de huidige H1N1 varkensgriep], waarvan de veiligheid onbekend is!

Eerder had **Reuters** in juli 2009 het artikel gepubliceerd **"As Many As 20 Million People Could Be Inoculated This Year"**, dat gaat over de op handen zijnde vaccinatie campagne in de United Kingdom tegen deze griep. (zie digitale bijlage op DVD)
Daarin wordt over het testen op veiligheid van het te gebruiken vaccin het volgende gesteld:
"Regulators at the European Medicines Agency (EMEA) said that the fast-tracked procedure has involved clinical trials of a 'mock-up' vaccine similar to the one that will be used for the biggest mass vaccination programme in generations. It will be introduced into the general population while regulators continue to carry out simultaneous clinical trials. The EMEA said that fast-tracking would not be at the expense of patient safety, adding: 'The vaccines are authorised with a detailed risk management plan. There is quite a body of evidence regarding safety on the trials of the mock-up, and the actual vaccine could be assessed in five days.' "

De **WHO** zegt het volgende over **'mock-up' vaccins**:
"Also in Europe, some manufacturers have conducted advance studies using a so-called "mock-up" vaccine. Mock-up vaccines contain an active ingredient for an influenza virus that has not circulated recently in human populations and thus mimics the novelty of a pandemic virus. Such advance studies can greatly expedite regulatory approval." [WHO – 2009-08-06 Safety of pandemic vaccines – Pandemic (H1N1) 2009 briefing note 6] (zie digitale bijlage op DVD)
[Ik kom hierop terug.]

De 'clinical trials' betreffen dus het 'mock-up' vaccin, terwijl het vaccin dat werkelijk gebruikt zal worden – dat zogenaamd 'lijkt op' het 'mock-up' vaccin maar het niet is – in 5 dagen geëvalueerd zal worden! Ook in de vaccinatie campagne van 1976 tegen de varkensgriep in de USA was het een issue dat een bepaald vaccin getest was, terwijl een andere gebruikt werd.

Aansluitend hierop zegt **Russell Blaylock** in het hierboven in punt 2-c vermeld artikel **'Vaccine May Be More Dangerous Than Swine Flu'** waarschuwend:
"What most people do not know, even the doctors who recommend the vaccines, is that most such studies by pharmaceutical companies observe the patients for only one to two weeks following vaccination – these types of reactions may take months or even years to manifest."

Terugkomend op Jo Macfarlane's artikel in de Daily Mail: Het in de United Kingdom te gebruiken vaccin wordt in de 'fast-tracked' procedure niet rechtstreeks (dus niet werkelijk) getest op veiligheid, niet eens over de gebruikelijke periode van 2 weken, laat staan over een periode van 9 maanden, en de britse regering maakt zich terecht zorgen over de veiligheid ervan. Maar het zich mogelijk voordoen van GBS wordt wel door de britse 'Surveillance Unit van de Association of British Neurologists' gemonitoord over de periode van 9 maanden, wetend dat schadelijke gevolgen van het vaccin zich over zulk een lange periode kunnen voordoen.

En dan toch de vaccinatie campagne voortzetten en de gezondheid èn het leven van burgers op het (roulette)spel (in)zetten? Waarom? Vanwege de bogeyman? Neen, want die is al ontmaskerd in 1976 en in elke daaropvolgende internationale griepepidemie hype. Die van de SARS is ons nog vers in het geheugen. Waarom dan wel? De wil van de farmaceutische overlords misschien?

Dit op zich zou al voldoende voor het britse volk zijn – zij die zich voorgenomen hebben om zich te laten vaccineren – om zich ernstig af te vragen of ze dat alsnog zullen doen. Doorslaggevend om het inderdaad niet te doen is wat in hetzelfde artikel van Daily Mail Dr. Tom Jefferson, coördinator van de vaccinsectie van de Cochrane Collaboration, die volgens de krant invloedrijk en onafhankelijk is, stelt:
"New vaccines never behave in the way you expect them to. It may be that there is a link to GBS, which is certainly not something I would wish on anybody." … "But it could end up being anything because one of the additives in one of the vaccines is a substance called squalene, and none of the studies we've extracted have any research on it at all." Hij zei voorts dat squalene instaat is om tot nu toe niet-ontdekte neveneffecten te veroorzaken. Totzover de krant.

Russel Blaylock vermeldt hierboven in punt 2-c in 'Vaccine May Be More Dangerous Than Swine Flu' 11 aandoeningen die door squalene veroorzaakt zijn en **Veira Scheibner** vermeldt eveneens in punt 2-c in 'Adverse Effects Of Adjuvants In Vaccines – Part 1' er zelfs 28, waarbij er overlappingen tussen beide lijsten zijn. Wat dat betreft weten we dus genoeg.

◘ De kwestie van de 'mock-up' vaccins.

Terugkomend op de kwestie van de 'mock-up' vaccins, zoals hierboven omschreven door de WHO en in het artikel van Reuters, en aansluitend op Jo Macfarlane's artikel in de Daily Mail: **Mike Adams** geeft in zijn artikel **'Mock-up pandemic vaccines bypass genuine safety testing, turning population into guinea pigs'**, gepubliceerd op 4 september 2009, het volgend commentaar: [Natural News – 2009-09-04 Mock-up pandemic vaccines bypass genuine safety testing, turning population into guinea pigs] (zie digitale bijlage op DVD)

"The point of these "mock-up" vaccines is to allow vaccine manufacturers to gain regulatory approvals for "placeholder" vaccines in advance of a pandemic. Once a pandemic appears, the vaccine manufacturer can then replace the "mock-up" viral strain in the vaccine with the newly emerging in-the-wild pandemic viral strain, thus speeding the time to market for the new pandemic vaccine. This process is explained in more detail in this EMEA (European Medicines Agency) document: http://www.emea.europa.eu/pdfs/gene...

It explains: *A mock-up pandemic influenza vaccine is a vaccine that mimics the future pandemic influenza vaccine in terms of its composition and manufacturing method. However, because the virus strain causing the pandemic is not known, the mock-up vaccine contains another flu strain instead. This is a strain that is not circulating in humans, and to which humans have not been exposed in the past. This enables the company to test its vaccine in preparation for any flu pandemic that may occur in the future, by carrying out studies with the mock-up vaccine that predict how people will react to the vaccine when the strain causing a pandemic is included.*

There are two things I find quite concerning in this statement:

- The viral strain chosen for this mock-up is one that is not currently circulating in humans. Thus, they are choosing a viral strain to which humans have no acquired immune defense.
- These mock-up vaccines are tested on humans in order to "predict how people will react." Thus, the drug companies are engaged in injecting people with viral fragments that have never been previously encountered by humans.

Obviously, if mistakes are made in the processing of these vaccines, causing *live* viruses to be injected (instead of sufficiently weakened viruses), this could result in the spread of that new virus among the human population. Thus, there is the *possibility* that this process could be used as vector through which infectious disease is spread, but it all depends on which virus is chosen for the mock-up vaccines. And that's never explained in any public documents that I could find. Where do the drug companies find these viruses to which humans have never been exposed? Are they getting them from military labs? Animal experiments? Are they specifically chosen to be similar to H1N1, or do they have a completely different protein configuration? It is the selection of this viral strain that appears to be one of the most important factors in all this."

"What's really worrisome about all this, by the way, is that the mock-up vaccine process allows drug companies to win *pre-approval* for a pandemic vaccine even before the pandemic appears! Once the pandemic is under way, the drug manufacturer essentially pulls a laboratory copy-and-paste maneuver to pop the pandemic virus into the vaccines, replacing the mock-up virus. From there, it's an orgy of mass injections using this completely untested new pandemic viral strain! Essentially, the "mock-up vaccine" process allows drug companies to gain approval for vaccines **before they even exist**.

How, exactly, is this good science? It isn't, of course. It's just more vaccine mongering by Big Pharma combined with the utter abandonment of good science. Pandemic vaccines were never about science in the first place, of course. They're all about making money and scaring people into signing up for injections that will likely kill more people than they save.

I'm glad people are raising awareness of the "mock-up" vaccine issue. It's a topic that deserves closer inspection. It could even turn out to be one of the vectors through which a pandemic is inadvertently (or intentionally) unleashed." Tot zover Mike Adams.

Ik wens ten aanzien hiervan het volgende te benadrukken:

Instanties, die vaccins, die middels de 'mock-up' procedure 'getest en veilig bevonden' zijn,

- **adverteren als zijnde getest en veilig bevonden;**
- **verkopen als zijnde getest en veilig bevonden;**
- **in hun voorlichting aan het publiek omschrijven als zijnde getest en veilig bevonden; en**
- **toedienen aan personen, als zijnde getest en veilig bevonden;**

maken zich in ons land mogelijk schuldig aan wettelijk verboden handelingen.

◘ H1N1 varkensgriep pandemie 2009: De massale vaccinatie campagne in Zweden
[2009-10-21 Nurses Got Sick From the Swine Flu Vaccine in Sweden – 190 Adverse Reactions, 1 Suspected Death] (zie digitale bijlage op DVD)
<http://blogs.healthfreedomalliance.org/blog/2009/10/21/nurses-got-sick-from-the-swine-flu-vaccine-in-sweden-%e2%80%a2-update-190-adverse-reactions-1-suspected-death>

De massale vaccinatie campagne tegen de H1N1 varkensgriep is in october 2009 in Zweden van start gegaan en, nadat duizenden personen gevaccineerd waren, stroomden rapporten van ernstige gevallen van ziekte bij de gevaccineerden binnen bij de Swedish Institute for Infectious Disease Control (SMI). De Health Freedom Alliance blog bericht daarover het volgende:

"Yesterday 30 people had been reporting to the authorities in Sweden that they experienced such severe side effects that they felt the need to contact a hospital. Today the number is 140. The swedish newspaper Expressen is the only one in Sweden reporting on these cases and as usual this is most likely only the tip of a rather large iceberg. According to Dagens Nyheter, the number of reported side effects are now a few hours later 190. 1 person dies after the injection but "no direct relation with the injection has been established". The biggest medical scandal in the history of Sweden has just started."

"Even so, Annika Linde, director of The Swedish Institute for Infectious Disease Control (SMI) manages to spin this into something positive by stating 'The vaccine has more side effects than the normal flu vaccine. It is a sign that proves that it gives an effective protection.' " [sic!]

"Annika Linde: 'It is obviously so that the vaccine against the swine flu results in more side effects than the normal flu vaccines. That is because the swine flu vaccine contains adjuvants, shark liver oil [squalene!], which triggers the immune defense to respond. That also results in that the protection against the virus becomes better.' " [Veira Scheibner stelt echter, zoals hierboven in punt 1-a vermeld, dat het gebruik van hulpstoffen (adjuvants) het mogelijk maakt dat minder antigenen gebruikt hoeven te worden om de verlangde immuunrespons te bereiken, hetgeen de productiekosten van vaccins verlaagt. Het motief om ze te gebruiken is dus economisch en niet medisch, en integendeel veroorzaken ze juist meer medische problemen, wat Annika Linde terecht conststeert.]

"Several severe cases of allergic reactions are reported to the unit for medicinal safety. 'So far the reported side effects are not unexpected', says Gunilla Sjolin Forsberg. This unit has now asked some of the many units that vaccinate to report side effects to better get a grip on the situation."

Beide functionarissen van de openbare gezondheidszorg erkennen dat de gerapporteerde ziektegevallen zijn veroorzaakt door het vaccin (behalve de dood van één gevaccineerde). Dat is al een stap in de goede richting. De reacties van Annika Linde echter zijn veelbetekenend. Ze typeren het denken, dat ik in mijn commentaar aan het eind van deze brief beschrijf. Het denken een vlag te dienen die de lading dekt.

l) Andere kwesties m.b.t. de schade die vaccins veroorzaken.

◘ Russell Blaylock, MD – 2004-05-12 What They Don't Tell You About Vaccination Dangers – Can Kill You or Ruin Your Life. (zie digitale bijlage op DVD)

In dit artikel ontsluiert Blaylock het raadsel van het causaal verband tussen vaccinatie en bepaalde hersenziekten. Het geeft een goed inzicht in hoe de verzieking van het lichaam (in dit

geval de hersenen) als gevolg van vaccinatie resulteert in de beknotting van de geest. Ter inleiding van dit vraagstuk stelt hij:

"What Happens to the Brain With Vaccination?

It seems the brain is always neglected when pharmacologists consider side effects of various drugs. The same is true for vaccinations. For a long time no one considered the effect of repeated vaccinations on the brain. This was based on a mistaken conclusion that the brain was protected from immune activation by its special protective gateway called the blood-brain barrier. More recent studies have shown that immune cells can enter the brain directly, and more importantly, the brain's own special immune system can be activated by vaccination.

You see, the brain has a special immune system that operates through a unique type of cell called a microglia. These tiny cells are scattered throughout the brain, lying dormant waiting to be activated. In fact, they are activated by many stimuli and are quite easy to activate. For our discussion, activation of the body's immune system by vaccination is a most important stimuli for activation of brain microglia.

Numerous studies have shown that when the body's immune system is activated, the brain's immune cells are likewise activated. This occurs by several pathways, not important to this discussion. The more powerfully the body's immune system is stimulated the more intense is the brain's reaction. Prolonged activation of the body's immune system likewise produces prolonged activation of the brain's immune system. Therein lies the danger of our present vaccine policy.

The American Academy of Pediatrics and the American Academy of Family Practice have both endorsed a growing list of vaccines for children, even newborns, as well as yearly flu shots for both children and adults. Children are receiving as many as 22 inoculations before attending school."

Samenvattend zegt hij:

- We have seen that the policy of giving numerous vaccinations to individuals, especially infants and small children, is shear idiocy.
- A considerable number of studies have shown conclusively that such a practice can lead to severe injury to the brain by numerous mechanisms. Because the child's brain is undergoing a period of rapid growth from the third trimester of pregnancy until age 2 years, his or her brain is at considerable risk from this insane policy.
- We have also seen that live-virus vaccines and contaminated vaccines hold a special risk in that the viruses tend to persist in a substantial number of individuals and that free radicals [in de hersenen] can cause the latent viruses to transform by genetic mutation into disease-causing organisms later in life.

En ten aanzien van andere aspecten van vaccinatie:

- It is vital that anyone scheduled for vaccination follow a schedule that allows no more than one vaccine every six months, allowing the immune system time to recover.
- Live-virus vaccines should be avoided. This was recently illustrated by the switch from the live polio vaccine to the killed virus. All cases of polio after the introduction of the vaccine, in the developed world, came from the vaccine itself. This was known from the beginning.
- Finally, it is vital that anyone undergoing vaccination should start nutritional supplementation and adhere to a healthy diet before vaccination occurs. Vaccine complications are far fewer in individuals with good nutrition.

◘ [Robert F. Kennedy Jr. – 2009-07-25 Vaccinations – Deadly Immunity]
(zie digitale bijlage op DVD)

Internal documents reveal that Eli Lilly, which first developed thimerosal, knew from the start that its product could cause damage – and even death – in both animals and humans. In 1930, the company tested thimerosal by administering it to twenty-two patients with terminal meningitis, all of whom died within weeks of being injected – a fact Lilly didn't bother to report in its study declaring thimerosal safe. In 1935, researchers at another vaccine manufacturer, Pittman-Moore, warned Lilly that its claims about thimerosal's safety "did not check with ours." Half the dogs Pittman injected with thimerosal-based vaccines became sick, leading researchers there to declare the preservative "unsatisfactory as a serum intended for use on dogs."

In the decades that followed, the evidence against thimerosal continued to mount. During the Second World War, when the Department of Defense used the preservative in vaccines on soldiers, it required Lilly to label it "poison." In 1967, a study in Applied Microbiology found that thimerosal killed mice when added to injected vaccines. Four years later, Lilly's own studies discerned that thimerosal was "toxic to tissue cells" in concentrations as low as one part per million – 100 times weaker than the concentration in a typical vaccine. Even so, the company continued to promote thimerosal as "nontoxic" and also incorporated it into topical disinfectants. In 1977, ten babies at a Toronto hospital died when an antiseptic preserved with thimerosal was dabbed onto their umbilical cords.

The drug industry knew the additional vaccines posed a danger. The same year that the CDC approved the new vaccines, Dr. Maurice Hilleman, one of the fathers of Merck's vaccine programs [zie punt 2-f blz.15], warned the company that six-month-olds who were administered the shots would suffer dangerous exposure to mercury. He recommended that thimerosal be discontinued, "especially when used on infants and children," noting that the industry knew of nontoxic alternatives. "The best way to go," he added, "is to switch to dispensing the actual vaccines without adding preservatives."

For Merck and other drug companies, however, the obstacle was money. Thimerosal enables the pharmaceutical industry to package vaccines in vials that contain multiple doses, which require additional protection because they are more easily contaminated by multiple needle entries. The larger vials cost half as much to produce as smaller, single-dose vials, making it cheaper for international agencies to distribute them to impoverished regions at risk of epidemics. Faced with this "cost consideration," Merck ignored Hilleman's warnings, and government officials continued to push more and more thimerosal-based vaccines for children.

◘ De naamgeving van een nieuw begrip.
Vaccinosis. Dr. Richard Pitcairn Discusses Chronic Disease Caused By Vaccines
By Laura Wallingford. [Shirley's Wellness – Vaccinations, Deception and Tragedy - Part 1]
(zie digitale bijlage op DVD)

In this article we begin to address the subject of vaccinosis, the general name for chronic dis-ease caused by vaccines. For some readers the very idea that vaccines are anything but wonderful and life-saving may come as a surprise, and it's not a very pleasant one. After all, the general population pictures vaccines as one of modern medicine's best and brightest moments, saving literally millions from the scourge of diseases like poliomyelitis and smallpox. [Enz.]

◘ Vaccination: A Safety Warning.
[Viera Scheibner PhD – 2001-02 Adverse Effects of Adjuvants in Vaccines (Part 2)]
(zie digitale bijlage op DVD)

The conclusions which follow the study of relevant medical and immunological literature dealing with vaccines and the adjuvants used in vaccines is that the absolute safety of these substances can never be guaranteed. According to Gupta et al. (1993), the toxicity of adjuvants can be ascribed in part to the unintended stimulation of various mechanisms of the immune response. That's why the safety and adjuvancy must be balanced to get the maximum immune stimulation with minimum side effects.

My conclusion is that such balance is impossible to achieve, even if we fully understood the immune system and the full spectrum of deleterious effects of foreign antigens and other toxic substances such as vaccine and drug adjuvants and medications on the immune system of humans, and particularly on the immature immune system of babies and small children. Injecting any foreign substance straight into the bloodstream will only cause anaphylactic (sensitisation) reactions. Nature, over thousands and thousands of years, has developed effective immune responses; yet man, without respect for nature, demonstrably causes more harm than good.

Vaccination procedures are a highly politically motivated non-science, whose practitioners are only interested in injecting multitudes of vaccines without much interest or care as to their effects. Data collection on reactions to vaccines is only paid lip service, and the obvious ineffectiveness of vaccines to prevent diseases is glossed over.

The fact that natural infectious diseases have beneficial effect on the maturation and development of the immune system is ignored or deliberately suppressed.

Consequently, parents of small children and any potential recipients of vaccines and any orthodox medications should be wary of any member of the medical establishment (which is little more than a highly politicised business system) extolling the non-existent virtues of vaccination. Even though Australian law requires doctors to warn patients about all side-effects of all medications and procedures of a material nature, whether the patient asks or not, doctors as a rule do not uphold this important law.

◘ Nurses vaccinated to death.
[Viera Scheibner Ph.D. – 2000-12 Adverse Effects Of Adjuvants In Vaccines – Part 1]
(zie digitale bijlage op DVD)

Systemic lupus erythematosus is one of the innumerable recognized side effects of a number of vaccinations. One of the best papers (if not the best on this) is by Ayvazian and Badger (1948), and it has not lost any of its punch and relevance since it was published.

They describe three cases of nurses who were literally vaccinated to death. The authors surveyed a group of 750 nurses who trained at a large municipal hospital between 1932 and 1946, and detailed the cases of three nurses who were vaccinated with a multitude of vaccines over a period of time and developed and succumbed to disseminated lupus erythematosus. (...)

If someone said that this type of "medical treatment' had been given to the inmates of the Nazi concentration camps, I would not be surprised. However, this type of "medical treatment" was and is being given with impunity to millions of babies, children, teenagers and adults in so-called free and democratic countries as well as in the Third World. Meanwhile, the health authorities refuse to accept that vaccines cause such reactions and even deaths.

◘ Secret British MMR Vaccine Files Forced Open By Legal Action
Posted on January 13, 2009 by childhealthsafety
<http://childhealthsafety.wordpress.com/2009/01/13/secret-british-mmr-vaccine-files-forced-open-by-legal-action>

The UK's Daily Mail newspaper reports today that the British government was desperately trying to prevent secret files on the proven dangerous Pluserix MMR vaccine from being released publicly under the UK's Freedom Of Information laws. In a recent case they have been forced to open the files up to scrutiny:

Confidential MMR vaccine files should be opened in the public interest, watchdog rules - The Daily Mail - By Jenny Hope - 13th January 2009

British Government's Reckless Disregard for Child Health Safety

The UK's Department of Health and others appear to have been reckless as to the safety of British children over the manner in which Glaxo company, Smith Kline & French Laboratories Ltd's Pluserix MMR was introduced and used on British Children in 1988.

• The problems with Pluserix MMR were known to the supplier, Glaxo company Smith Kline & French Laboratories Ltd from the experience of its introduction to Canada, in 1986, where Pluserix was marketed under the name "Trivirix".
• Trivirix (Pluserix) was withdrawn from use in Canada in 1988 because it was dangerous, causing high levels of adverse reactions in children.
• The high levels of British adverse reactions to the vaccine were apparent and known about at British Ministerial level in 1990, as shown by ministerial correspondence.
• Pluserix/Trivirx are the identical vaccine manufactured in the identical Smith Kline factory in Belgium and with the exact same component parts and constituents.
• Despite the Canadian position and contemporaneously with the final withdrawal of Pluserix/Trivirix in Canada the UK signed the contract to purchase Pluserix MMR from Glaxo company, Smith Kline & French Laboratories Limited in July 1988, even though it was known by then to be too dangerous for use on our children.
• SK&F was provided with a blanket indemnity in that contract by the NHS Procurement Directorate.
• The contract was signed up by the backdoor through the North East Thames Regional Health Authority as agent for the NHS Procurement Directorate rather than being a contract directly entered into with the NHS Procurement Directorate which negotiated the contract or the NHS Executive of the time.
• There was no Parliamentary scrutiny of this and it seems to have been effected in a manner Ministerially deniable.
• Similar problems were experienced in Japan with the Japanese MMR vaccine which, in common with Pluserxi/Trivirix, contained the Urabe strain of mumps virus.
• The Japanese MMR was also withdrawn by 1992 on safety grounds having caused high levels of adverse reactions.
• The British government continued the licence for Pluserix MMR after 1992, which enabled it to be supplied overseas.
• Even today, because it is cheaper than safer alternatives, organisations like UNICEF continue supplying urabe strain containing MMR vaccine to the more adverse reaction vulnerable and less well nourished third world children.
• Since 1998, statistical paper after paper has been published in a blaze of publicity, claiming no evidence of an association between the MMR vaccine and autism, but when all the noise has died down, on subsequent careful examination, each one has been found to be flawed.

• Other than the Royal Free's paper, no clinical studies of the MMR child litigants were undertaken or published.
• After being put under financial pressure by the British Government, in 2005 the Oxford based Cochrane Collaboration published a systematic review of all prior papers and its authors claimed to conclude the MMR vaccine was safe:
- it was shown the authors had violated the standards of evidence-based medicine and
- their conclusions were not supported by the body of the review
- and it later was discovered that the British Department of Health had increased the funding for Cochrane's Oxford administration by £1 million per annum and extended the contracts of its British groups.

◘ **Civil Management of Vaccine Injury:** The National Vaccine Injury Compensation Program by Allan Phillips [Shirley's Wellness – Vaccinations, Deception and Tragedy – Part 1] (zie digitale bijlage op DVD)

The companies that manufacture vaccinations are making millions of dollars per year. When a child has a permanently debilitating reaction to a vaccine, the manufacturer is not even held financially responsible – the government uses our tax dollars to compensate families through an official program called the National Vaccine Injury Compensation Program. Would this program even exist if it weren't obvious that vaccines DO cause damage in some instances? Since the program's implementation in October of 1988, the top award has been $8.4 million, and the per-award average is $833,000. Death awards are capped at $250,000 (greater awards address the life-long needs of the permanently disabled), which I must admit I find somewhat unsettling. While caring for a permanently disabled child is far more costly than burying a dead one, and with all due respect for the fact that no amount of money can bring back a deceased child, a dead one is arguably a far greater loss, and thus worthy of greater compensation.While not a goal of the program per se, the VICP has helped to validate thousands of previously unacknowledged cries of anguished parents who endured not only vaccine deaths and disabilities in their children, but also vehement denials from authorities about the possibility of a vaccine connection. While healthcare authorities continue to downplay and deny the existence of serious vaccine reactions, the federal government, at least, has begun to formally acknowledge the hard reality.

◘ **Guylaine Lanctôt**
[Guylaine Lanctôt – The Medical Mafia: How To Get Out Of It Alive & Take Back Our Health & Wealth (Interview)] (zie digitale bijlage op DVD)

► Op haar website leidt ze haar boek als volgt in:
I am the author of the book The Medical Mafia:
<http://www.personocratia.com/panda/modules/Boutique/doc_upload/backmm.pdf >

Among the many topics mentioned in this volume, I was revealing the ineffectiveness and dangers of vaccination. At that time, I was a practicing physician in Quebec, Canada, under the name of Ghislaine Lanctôt, and the owner of numerous medical clinics. Because of my professional status, my words weighed significantly in the public eye. The Medical Board's reaction was immediate and strong. Its leaders demanded that I resign as a physician. I answered that I would do so as long as they could prove that what I had written was false. The Medical Board replied with a call for my expulsion. An 11 day trial [uitgesmeerd over een periode langer dan een jaar] followed, where I appeared without any lawyer. The arguments rested mainly on vaccination. As I witnessed the disproportionate reaction of the Medical Board, I realized that, for the health establishment, the subject of vaccination was taboo. Unknowingly, I had opened a Pandora's box. I discovered that, despite official claims, vaccines have nothing to do with public

health. Underneath the governmental stamp of approval, there are deep military, political and industrial interests. (...)

► Citaten uit haar boek:

“Vaccination stimulates the immune system, the body's defense mechanism. Repeated, vaccination exhausts the immune system. It gives a false sense of security and, in doing so, it opens the door wide to all kinds of illnesses. Notably, to those related to AIDS, which can only develop on ripe ground, where the immune system has been disturbed. It causes AIDS to explode. It ensures that the illness flourishes perpetually.”

“Vaccination encourages medical dependence and reinforces belief in the inefficiency of the body. It creates people who need permanent assistance. It replaces the confidence one has in oneself with a blind confidence in others, outside ourselves. It leads to loss of personal dignity, in addition to making us financially dependent. It draws us into the vicious circle of sickness (fear – poverty – submission) and, in this way, ensures the submission of the herd so as to better dominate and exploit it.”

► Nu enkele delen van het interview:

Guylaine: The medical establishment position is that you don't explain or touch vaccines.
LE: Can you share your thought about this?
Guylaine: Okay. I'll talk about vaccines. Number one, vaccines make people sick. They don't work. They don't protect. The use of vaccines is totally wrong! It's perfect nonsense based on fear. It's fear of the disease. So, in order for you not to get the disease I, as your doctor, am going to give the disease to you right away, but not as strong. This way your body will know about the disease and, if you ever get it in the future, you won't be as sick the second time.
LE: Can you expound on this more?
Guylaine: What they say is total nonsense. If I came to you and said, "I'm going to perform a little sexual assault on you – a small rape – because, one day you could meet a rapist and you could be raped. But, it won't be as bad the second time as the first time." This is exactly the same thing as giving someone a vaccine, or a little bit of disease. It's nonsense! Immunization is total nonsense! More than that is what's hidden from people about vaccines. They are dangerous. One child out of five has overwhelming disabilities from vaccines – neurological problems, seizures. I've got a whole list. There are plenty of books on this subject. Doctors don't even read about this.
LE: Most doctors probably believe what they're taught in medical school.
Guylaine: They obey. We all obey blindly. That's the thing. So, more than that, vaccines are used to test biological weapons. (In my research) I found that vaccines are used to spread diseases. They are used for targeted genocides.
LE: To say that this kind of information that you are sharing is amazing barely does it justice.
Guylaine: So, you don't touch vaccines. When I learned about vaccines I said, "Never again!" Lots of doctors have spoken out, denouncing medicine in certain aspects, but they never touch vaccines!”

Russell Blaylock bevestigt dit.
[Russell Blaylock – 2009-09-19 What to do If You Are Forced to Take Swine Flu Shot]
(zie digitale bijlage op DVD)
“Just reminds me that the last position nearly every physician is willing to give up is their position on vaccines. I have seen it time and time again.”

◘ Citaten

► [Shirley's Wellness – Vaccinations, Deception and Tragedy – Part 1]
(zie digitale bijlage op DVD)

"The only safe vaccine is a vaccine that is never used"
Dr. James A. Shannon, National Institutes of Health

► [Mercola – 2009-11-14 Expert Pediatrician Exposes Vaccine Myths]
(zie digitale bijlage op DVD)

"… in my research of the vaccines, and of the basic microbiology and virology that we're trained to know in our medical training, I cannot understand how a vaccine with a virus can be safe."
Dr. Lawrence B. Palevsky, M.D.

► [Gary Krasner – 1998 To Vaccinate Or Not: An Introductory Guide To An Informed Choice]
(zie digitale bijlage op DVD)

There's another danger that injected proteins pose: in the absence of digestive juices in the blood, these proteins decompose (putrefy) yielding the extremely poisonous byproducts belonging to the group of ptomaines, creatins, xanthins, purines, indoles, skatols, phenols, leucomaines, uric acids, and indoxyl-sulphuric acids.

► De eerste gevallen van autisme in de USA.
[Robert F. Kennedy Jr. – 2009-07-25 Vaccinations – Deadly Immunity]
(zie digitale bijlage op DVD)

Nadat in 1931thimerosal voor het eerst in vaccins voor baby's werd toegevoegd, werd autisme in 1943 voor het eerst bij 11 kinderen geïdentificeerd, die geboren waren in de maanden nadat deze toevoeging had plaatsgevonden.

3. HOE EFFECTIEF ZIJN VACCINS?

a) Viera Scheibner over de ineffectiviteit van vaccins.

◘ 'Vaccination: 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System' [Viera Scheibner – Vaccinations Part 1 – Medical Research on SIDS and Epidemics] (zie digitale bijlage op DVD)

MEDICAL LITERATURE ON EPIDEMICS DEMONSTRATES THE INEFFECTIVENESS OF VACCINES (The research referred to below is done by pro-vaccination researchers. This is not anti-vaccination literature.)

(a) U.S. EPIDEMICS IN THE VACCINATED POPULATIONS.
There is not a single study which can demonstrate that when there is an epidemic it only affects the unvaccinated. Quite the contrary, the country that mandates vaccination, the United States, has huge outbreaks of so-called 'vaccine preventable diseases' in fully vaccinated populations, and they truly mandate vaccination. Vaccination actually increased the incidence of infectious diseases in the United States.

(b) U.S. INFANT MORTALITY RATES
The United States is the most developed country in the world with all kinds of money for medical research and advanced medical technology. How is their infant mortality? Before mass vaccination started (in 1955 with the polio vaccine), United States had the sixth best infant mortality in the world. By 1990, they were on the twentieth place. Only a year later they were on the twenty-fourth place. Today, maybe thirtieth place. And most of these deaths are vaccine deaths. So you can camouflage all sorts of things, but you can't lie about infant deaths.

(c) In Pediatrics – Supplement, p.939-984, 1988, James D. Cherry et al, reported the side effects of vaccinations in a 40-page report on pertussis immunization. Cherry sits on all committees in the United States that mandate all vaccines that are ever introduced. [In dit rapport stelde hij met betrekking tot Japan's maatregel, zoals hieronder in (d) is verwoord : "The category "sudden death" is also instructive in that the entity disappeared following both whole-cell and acellular vaccines, when immunization was delayed until a child was 24 months of age. It is clear that delaying the initial vaccination until a child is 24 months, regardless of the type of vaccine, reduces most of the temporally associated severe adverse events."]

(d) JAPAN In 1975, about 37 Crib Sudden Deaths were linked to vaccination in Japan. Doctors in one prefecture boycotted vaccinations, and refused to vaccinate. The Japanese government paid attention and stopped vaccinating children below the age of two years. When immunization was delayed until a child was 24 months of age, Sudden Infant Death cases and claims for vaccine related deaths disappeared. Japan zoomed from a high 17th place in infant mortality rate to the lowest infant mortality rate in the world when they stopped vaccinating. Japan didn't vaccinate any children below the age of two years between 1975 and 1988, for thirteen years. But then in 1988, Japanese parents were given the choice to start vaccinating anywhere between three months and 48 months. The Ministry study group studied 2,720 SIDS cases occurring between 1980 and 1992 and they established that their very low SIDS rate quadrupled.

(e) AUSTRALIA Health authorities must reveal the vaccination status of children in epidemics. In the last 18 months, 84% of Australian children who got whooping cough were fully vaccinated, and 78% who got measles had record of measles vaccination. So where is the effectiveness of the vaccines?

(f) BRITISH INFANT MORTALITY RATES A British study dealt with infant deaths four weeks after birth. They don't mention vaccination at all. Between 1975 to 1977 in England, when the vaccination compliance fell to between 10% and 30%, the infant mortality went down. But people have short memories. The vaccination compliance started climbing up after 1977 and so did the infant mortality rate.

(g) In Neurology, 1982, William C. Torch, pediatric neurologist, published "Diphtheria-pertussis-tetanus (DPT) immunization: a potential cause of the Sudden Infant Death Syndrome (SIDS)". Torch looked at over 200 randomly selected SIDS cases, and in the preliminary data, on the first 70 cases studied, showed that two-thirds had been vaccinated within three weeks of death. He also established that there were ever increasing numbers of deaths with the increasing interval from the injection.

(h) SWEDEN There was a normal worldwide epidemic of whooping cough (pertussis), in which of the Swedish children who got whooping cough, 84% were vaccinated, so the government read the statistics correctly and discontinued whooping cough vaccination. A ten-year follow up of the incidence of whooping cough in the unvaccinated children showed no incidence of whooping cough below the age of six months when the whooping cough is supposed to be dangerous, and actually very little below the age of two years. That is the vulnerable age group. So Swedes

achieved, with no vaccination, what the Americans could not achieve with mandatory vaccination.

(i) In the Journal of Infectious Diseases, 1994, "Age Specific Incidence of Bacteriologically Confirmed Pertussis, between 1981 and 1991 - ten year follow-up". The majority of cases occurred in the most vulnerable age group below the age of one year in the most vaccinated children. Actually the majority of cases happened within the first four months. The vaccine is causing whooping cough. A lot of children develop whooping cough from the vaccine, but if they are vaccinated, it will be diagnosed as 'croup'.

(j) There was a steady downward trend in the incidence and mortality from whooping cough between 1922 and 1978, and then in 1978, there was a sudden upswing in the incidence. What happened in 1978? You already know. They mandated vaccination. In 1978 a nationwide childhood immunization initiative was begun. Individual states passed legislation requiring proof of immunization for school entry at five and six years of age. The vaccine is causing whooping cough. So where is the benefit? There is no benefit. I see these naive young parents who try to do their level best and they think " My little baby, I don't want him to get whooping cough". Well, don't look in the direction of the vaccine because the vaccine is not going to stop your child from getting whooping cough. It is going to give your child whooping cough. The only way to stop whooping cough, particularly in small babies, is to stop vaccinating. (…) There is a high incidence of whooping cough in the first month of life, before children are well and truly vaccinated. These are babies born to mothers who were vaccinated in childhood, and the vaccinated mothers have poor or no transplacentally transmitted immunity, which normally is there to protect small children against any infectious disease for the first one or two years of life. So vaccination is causing whooping cough, and it is pushing the disease into the most vulnerable age group. There is no benefit whatsoever.

◘ Letter to Miss Pinkerton.
[Viera Scheibner – 1999-06-16 Hearings on Hepatitis B vaccine] (zie digitale bijlage op DVD)

Dear Miss Pinkerton,

(…) There is another aspect to problems with vaccination: contrary to what you may have heard even from some of those who are calling for the discontinuation of mandatory vaccination in the United States, vaccines do not prevent diseases. The presumed and publicised "eradication" of diseases like smallpox and Polio, or Hib meningitis is a myth not supported by even the staunchest pro-vaccinators' research. Smallpox was on the way out, indeed epidemics disappeared decades before the WHO decided to conduct the final "eradication" campaign. It is also well-documented that the largest epidemics occurred in the most highly vaccinated populations, while whose who were unvaccinated, did not have the same epidemics. Smallpox still occurs, although on a much smaller scale, particularly in the countries suffering extreme conditions like wars or economic hardship in Africa, India and other parts of Asia (Nepal). The same factor which did away with bubonic plague, against which mass vaccinations have never been conducted, did away with smallpox, namely a much better nutrition mainly in reference to better Vitamin C status of populations in the Old and the New Worlds.

Polio has not been eradicated by vaccination, it is lurking behind a redefinition and new diagnostic names like viral or aseptic meningitis. When the first, injectable, polio vaccine was tested on some 1.8 million children in the United States in 1954, within 9 days there was huge epidemic of paralytic polio in the vaccinated and some of their parents and other contacts. The US Surgeon General discontinued the trial for 2 weeks. [Voor de rest van deze paragraaf, zie hierboven in punt 2-m blz. 48.]

JAMA (1993) published that the fall in the incidence of Hib meningitis occurred in the age group below the age of one year at the time when none of the Hib vaccines were even licensed for that age group. The recent outbreaks of meningitis in the US College students can be clearly linked to the enforced MMR vaccination as a condition for enrolment to Colleges in the U.S.

The incidence of whooping cough increased three fold after 1978, which was the time when individual U.S. states started mandating vaccination as the enclosed pages from Hutchins et al. (1988) show. One does not have to be a rocket scientist to see this from this article, unfortunately, one merely has to be a medical doctor not to understand their own data. Medicine developed a special kind of absurd reasoning, like that the causal link between vaccination and the observed reactions has never been demonstrated, without defining just what exactly they would consider to constitute the evidence of the causal link and while publishing raw data which clearly show the causal link between vaccination and the documented increased occurrence of diseases. JAMA in 1992 published that the incidence of whooping cough as based on hospital admission is up to 126,000 per year in the U.S. This is well and truly the pre-vaccine level. When they were testing the ascellular whooping cough vaccine in Sweden, as soon as the test babies were given 3 doses of the trial vaccine (meaning they were fully vaccinated) they had a huge epidemic of whooping cough in the fully vaccinated. They discontinued the trial before the targeted time of 2 years. I also need to add, that practically all Swedish children below the age of 1 year participated in the trial. They expected 20 deaths and observed 45 (pus one accidental death) and yet this very significant increase was glossed over by saying that all deaths were judged unrelated to vaccination, even though there were deaths there within 24 hours or a few days.

Vaccinators failed to eradicate measles, so now they claim success in reducing measles incidence between 1970 and 1987. However, it has been published that the very unvaccinated Amish communities did not report a single case of measles between 1970 and 1987. Then, since 1987, both the unvaccinated Amish and the well vaccinated outside communities started experiencing huge outbreaks of measles. Quite obviously, vaccination was totally irrelevant. Quite likely, the sustained small outbreaks of measles between 1970-87 in the vaccinated was achieved by vaccination, which kept measles occurring.

Indeed, measles and whooping cough epidemics in the U.S. and elsewhere occur mainly in the fully vaccinated populations.

Instead of honestly admitting that vaccination failed, the vaccinators resorted to outrageous lies and misrepresentations. The worst desperado is the Shaken Baby Syndrome. I enclose my own paper on the subject, emphasisng that all those retinal haemorrhages and detachments which are considered as a fool-proof evidence of trauma (like shaking the babies by their parents or nannies) can and are caused by vaccination, as the enclosed Lancet and other papers show.

Indeed, we don't need any more research; everything we ought to know to realise that vaccines do not prevent diseases and that they are indeed causally implicated in causing diseases and very serious reactions, has already been published. I am sending you my book Vaccination which is based solely on the study of medical literature.

Knowing all this, I reached an inevitable conclusion that we don't need any vaccines at all. There is only one immunity, natural immunity, which is achieved by going through the infectious diseases of childhood. No children at this age should die from any of these diseases: if they do, it is due to medical mismanagement,

b) **Onthullingen van dr. Mark Randall, een gepensionneerde vaccin-onderzoeker van een farmaceutisch bedrijf, over de 'effectiviteit' van vaccins (Interview).** Hij gebruikt een schuilnaam om zich te beschermen tegen rancune. Zoals hij zei was hij "part of the inner circle". [Jon Rappoport – 2006-02 Vaccine Dangers and Vested Interests] (zie digitale bijlage op DVD)

Q: Do you believe that people should be allowed to choose whether they should get vaccines?
A: On a political level, yes. On a scientific level, peolple need information so that they can choose well. It's one thing to say choice is good. But if the atmosphere is full of lies, how can you choose? Also, if the FDA were run by honourable people, these vaccines would not be granted licences. They would be investigated to within an inch of their lives.
Q: There are medical historians who state that the overall decline of illnesses was not due to vaccines.
A: I know. For a long time I ignored their work.
Q: Why?
A: Because I was afraid of what I would find out. I was in the business of developing vaccines. My livelihood depended on continuing that work.
Q: And then?
A: I did my own investigation.
Q: What conclusions did you come to?
A: The decline of disease is due to improved living conditions.
Q: What conditions?
A: Cleaner water. Advanced sewage systems. Nutrition. Fresher food. A decrease in poverty. Germs may be everywhere, but when you are healthy you don't contract the diseases as easily.
Q: What did you feel when you completed your own investigation?
A: Dispair. I realised I was working in a sector based on a collection of lies.
Q: Are some vaccines more dangerous than others?
A: Yes. The DPT shot, for example. The MMR. But some lots of a vaccine are more dangerous than other lots of the same vaccine. As far as I'm concerned, all vaccines are dangerous.
Q: Why?
A: Several reasons. They involve the human immune system in a process that tends to compromise immunity. They can actually *cause* the disease they are supposed to prevent.
Q: Why are we quoted statistics which seem to prove that vaccines have been tremendously succesful at wiping out diseases?
A: Why? To give the illusion that these vaccines are useful. If a vaccine suppresses visible symptoms of a disease like measles, everyone assumes that the vaccine is a succes. But, under the surface, the vaccine can harm the immune system itself. And if it causes other diseases – say meningitis – that fact is masked, because no one believes that the vaccine can do that. The connection is overlooked.
Q: It is said that the smallpox vaccine wiped out smallpox in England.
A: Yes. But when you study the available statistics, you get another picture.
Q: Which is?
A: There were cities in England where people who were not vaccinated did not get smallpox. There were places where people who were vaccinated experienced smallpox epidemics. And smallpox was already on the decline before the vaccine was introduced.
Q: So you're saying that we have been treated to a false history.
A: Yes, That's exactly what I'm saying. This is a history that have been cooked up to convince people that vaccines are invariably safe and effective.

c) **Het Gardasil vaccin.**
Studie 'Examining the FDA's HPV Vaccine Records' van JudicialWatch Inc, met als ondertitel: 'Detailing the Approval Process, Side-Effects, Safety Concerns and Marketing Practices of a Large-Scale Public Health Experiment'. HPV is Human Papillomavirus. Dit vaccin tegen

baarmoederhalskanker werd goedgekeurd in mei 2006. [JudicialWatch – 2008-06-30 'Examining the FDA's HPV Vaccine Records'] (zie digitale bijlage op DVD)

[Page 2] The records include Merck's patent and drug information submitted to the FDA, transcripts and briefing material from approval meetings, and reports documenting health, safety, and efficacy test results, as well as Vaccine Adverse Event Reporting System (VAERS) documents detailing 8,864 cases of adverse effects experienced by people after receiving the Gardasil vaccine. VAERS reports show that at least eighteen people have died after receiving Gardasil.1 Many health officials believe that adverse reactions to medications are widely underreported, therefore the actual number of adverse events occurring after vaccination with Gardasil is likely to be higher. Judicial Watch obtained these records under the provisions of the Freedom of Information Act (FOIA), 5 U.S.C. § 552. (…) The controversial vaccine was fast-tracked for approval by the FDA despite concerns about Gardasil's safety and long-term effects. The vaccine is still in the testing stages (final report due September 30, 2009), but it is already being administered to thousands of young girls and women.2

[Page 5] Among the documents obtained by Judicial Watch was a June 2006 memorandum to the FDA from Merck, describing the clinical testing and results for Gardasil. Merck conducted four placebo-controlled, double-blind tests for Gardasil, evaluating 20,541 women from the ages of 16 to 26 years. 27% of the test subjects had already been exposed to at least one of the four strains of HPV the vaccine is designed to protect against.13 Gardasil is a prophylactic, preventative drug, and will not treat pre-existing HPV infection. Since Gardasil does not cure HPV, persons who already had any lesions or symptoms from pre-exposed strains were not counted in the study. This is problematic because many women have HPV without knowing it, and Gardasil does not require prescreening before vaccination. A study in the *New England Journal of Medicine* found that, " . . . there was no clear evidence that vaccination altered the course of HPV-16 or HPV-18 infection that was present before administration of the first dose."14

Not only will Gardasil not cure pre-existing HPV, it can also make symptoms worse. Women who already have the virus without knowing it could suffer massive outbreaks of genital warts or abnormal precancerous lesions, both of which require extensive treatment. While Gardasil is marketed as a preventative vaccine, Merck still suggests that women who have been exposed to one or more HPV strains get the vaccine in the hope that it will protect them from the remaining strains. However, in VAERS reports obtained by Judicial Watch there are 78 separate cases where, after receiving the vaccine, patients experienced outbreaks of warts. Below are excerpts from VAERS reports.

[Page 7] The possibility that Gardasil could make HPV infections worse is very serious, and a matter of concern with both critics of the vaccine and the FDA. A background document produced by the FDA's VRBPAC in May 2006 states:

There were two important concerns that were identified during the course of the efficacy review of this BLA [biologics license application]. One was the potential for Gardasil to enhance disease among a subgroup of subjects who had evidence of persistent infection with vaccinerelevant HPV types at baseline. The other concern was the observations of CIN 2/3 [cervical intraepithelial neoplasia, abnormal cell changes in moderate stage] or worse cases due to HPV types not contained in the vaccine. These cases of disease due to other HPV types have the potential to counter the efficacy results of Gardasil for the HPV types contained in the vaccine . . . The results of exploratory subgroup analyses . . . suggested a concern that subjects who were . . . positive for the vaccine-relevant HPV types had a greater number of CIN 2/3 or worse cases.17

[Page 7] An additional testing report shows that Merck tested Gardasil against an aluminum-containing placebo. While most placebos are saline based, the FDA allowed Merck to use a placebo with an undisclosed amount of aluminum in it. Gardasil itself contains 225 mcg of aluminum. Aluminum can cause many serious problems including temporary and permanent nerve damage. Using a reactive aluminum-containing placebo instead of a non-reactive saline base can make vaccines seem safer than they may actually be. While Merck has repeatedly stated that Gardasil is on a comparable safety rate with the placebo, if the placebo itself is responsible for adverse effects then it is more difficult to ascertain the vaccine's safety. Merck's testing report shows charts of clinical tests, and compares Gardasil with the aluminum-containing placebo.

[Page 8] It is true that the adverse reaction rates are comparable in most of the tests, but since the vaccine is being tested against a reactive, potentially harmful substance, the numbers may overstate the vaccine's safety and understate its adverse side-effects. There is only one table in the entire report that compares the vaccine not only with the aluminumcontaining placebo but also with one that is saline based:21

This chart only records adverse experiences at injection site and therefore does not shed much light on the overall safety and effectiveness of the vaccine. However, there are profound differences between the numbers of adverse effects in Gardasil and the saline placebo. Again, one can see that the numbers are similar between the vaccine and the aluminum placebo, but the saline-based placebo has far fewer reported adverse effects. The chart shows that while 83.9% of patients experienced pain after injection with Gardasil, and 75.4% after receiving the aluminum-based placebo, only 48.6% of patients experienced pain when receiving the saline-based placebo. The chart shows 25.4% of people experienced swelling after receiving Gardasil, and 15.8% did after receiving the aluminum placebo. Only 7.3% of patients receiving the saline placebo experienced swelling.

The significant differences between the saline placebo and the vaccine raise questions as to how Merck's use of an aluminum-containing placebo may have affected the safety trials. The National Vaccine Information Center reports that "A reactive placebo can artificially increase the appearance of safety of an experimental drug or vaccine in a clinical trial," adding that "although aluminum adjuvants have been used in vaccines for decades, they were never tested for safety in clinical trials."23 It is difficult to draw an accurate conclusion from Merck's data, raising questions about Gardasil vaccine safety.

[Page 9] Gardasil was approved in large part due to the unanimous vote of support it received from the Vaccines and Related Biological Products Advisory Committee (VRBPAC) in May 2006. VRBPAC is a special advisory panel created by the FDA to evaluate new biological material, including vaccines. While the FDA is not required to approve drugs that are recommended by the committee, they usually do. The meeting took place on May 18, 2006, and the primary speakers were Merck representatives Dr. Eliav Barr and Dr. Patrick Brill-Edwards. Merck was required to submit numerous reports and documentation of trial procedures to the FDA both before and after the meeting took place, but the statements of Merck's representatives paint a far more optimistic picture of the vaccine than their own reports justify.

Dr. Patrick Brill-Edwards, Merck's Director of Worldwide Vaccines Regulatory Affairs, was the main speaker at the meeting. In his opening statement he said "Merck proposed that studying cancer itself isn't feasible, because it takes too long and it disadvantages too many women."24

Merck scientists not only did not bother to study cancer, they do not even know whether their own vaccine is carcinogenic. In a report to the FDA on testing protocol, Merck wrote that

“Gardasil has not been evaluated for the potential to cause carcinogenicity or genotoxicity.”25 One would think that any cancer vaccine that has been approved by the FDA ought to at least not cause cancer. Given that Gardasil works by causing spontaneous reactions and cell mutation, its potential to cause cancer is certainly a matter that warrants further study.

Dr. Brill-Edwards’ following statements hardly build confidence. He claimed that Merck had examined, “ . . . how the vaccine interacts with other common adolescent vaccines,”26 even though according to their own documents Merck tested Gardasil only concomitantly with the Hepatitis B vaccine. There are numerous vaccines that are commonly given to adolescents, including booster shots for measles, mumps and rubella, Hepatitis A shots, and Menactra, a vaccine to prevent meningitis. The Menactra vaccine has been shown to react badly when given with Gardasil. VAERS reports from July 2007 to March 2008 contain 220 cases of adverse effects when Gardasil and Menactra were administered at the same time. The most common symptoms were fainting, nausea, and dizziness but other girls suffered from pyrexia, convulsions, seizures, spontaneous abortions, and Guillain-Barre Syndrome. Even mild reactions occasionally led to serious cases, as some girls suffered severe injuries from falling while dizzy or unconscious.

Particularly since many schools and colleges require students to receive these vaccinations in order to attend classes, it seems only logical that Merck would have tested Gardasil with these vaccines, or, failing that, that the FDA would have insisted on it.

[Page 10] During the VRBPAC meeting, Dr. Brill-Edwards said that Merck “ . . . knew that this vaccine would be given to women of child-bearing potential, so right from the beginning, we set up a program that would really evaluate in great detail, all the pregnancy outcomes that would occur and subject to receive Gardasil.”27 If it was Merck’s intent to examine the vaccine on pregnant women, it is interesting that in its briefing to the FDA Merck reported, “It is not known whether Gardasil can cause fetal harm when administered to a pregnant woman.”28 They reported that 27% of pregnant women experienced adverse reactions, and the VAERS reports show 45 cases of miscarriages, or spontaneous abortions, often within weeks of receiving the Gardasil vaccine. In one VAERS report, a 17-year-old girl with no medical history received the Gardasil vaccine on July 31, 2007 and then had a spontaneous abortion on August 14, only two weeks afterwards.29 Below is an excerpt taken from another case of spontaneous abortion, occurring less than two weeks after the patient received her second dose of Gardasil:

The patient was vaccinated with second dose of HPV and had a positive pregnancy test the next day. The patient presented to the physician’s office on 09-APR-2007 with vaginal bleeding and a pelvic ultrasound determined that she was suffering a spontaneous abortion . . . The patient was admitted to the hospital . . . with severe vaginal hemorrhaging and underwent an emergency dilation and curettage procedure . . . The physician considered spontaneous abortion to be significantly disabling and life threatening. VAERS ID: 277166-1 (S)30

Gardasil's ad campaign does state that the vaccine should not be given to pregnant women, but it does not mention women who are breastfeeding, even though Merck’s June 2006 briefing to the FDA says, “It is not known whether vaccine antigens or antibodies induced by the vaccine are excreted in human milk,” and “A higher number of breastfeeding infants (n=6) whose mothers received Gardasil had acute respiratory illnesses within 30 days.”31 This number is *three times higher* than that of the placebo group.

At this time, it is unknown whether Gardasil may have long term effects on fertility. Since the vaccine was only released in 2006, it could be years before anyone knows its long term effects. Merck’s only fertility tests were conducted on rats.

Gardasil administered to female rats at a dose of 120 mcg total protein, which corresponds to approximately 300-fold excess relative to the projected human dose, had no effects on mating performance, fertility, or embryonic/fetal survival . . . No adverse effects on mating, fertility, pregnancy, parturition, lactation, embryo-fetal or pre- and postweaning development were observed. There were no vaccine-related fetal malformations . . . In addition, there were no treatment-related effects on developmental signs, behavior, reproductive performance, or fertility of the offspring.32

[Page 12] There are several problems with this test. First, it still sheds no light on possible longterm side effects, as the rats were monitored only through a single fertility cycle. Second, and perhaps more importantly, Gardasil is modeled after and made from the human papillomavirus. While there are other strains of the papillomavirus that effect animals, only humans can carry the human strains. Since the Gardasil vaccine was designed to react only with certain strains of the human papillomavirus, any test involving rats is inconclusive. Merck acknowledged that, " . . . it is not known whether Gardasil can cause fetal harm when administered to pregnant women or if it can affect reproductive capacity."[33] Merck recommends that pregnant women *not* receive the vaccine.

(…) Gardasil is the most expensive vaccine to ever be recommended by the FDA. It is administered in three doses given over the course of six months, and each dose is $120, meaning the total cost for receiving the vaccine is $360.

[Page 13] It is also important to remember that the vaccine's safety and overall effectiveness are unknown. As far as long-term effectiveness is concerned, Merck told the FDA in 2006: Efficacy was durable through at least 2.5 years postvaccination with respect to infection and disease caused by HPV 6, HPV 11, and HPV 18, and at least 3.5 years postvaccination with respect to infection and disease caused by HPV 16 . . . Because these subjects completed their vaccinations in 2003, the longer-term duration of efficacy of the vaccine will be known well in advance of the time needed to implement booster vaccinations.[41]

[Page 14] Safe and Effective?

There is proof that Gardasil will prevent about half of the high-grade precursors of cancer, but half will still occur. Hundreds of thousands of women who are vaccinated with Gardasil and get yearly Pap testing will still get high-grade dysplasia (cell abnormalities).[43] Gardasil has been shown to prevent precancerous lesions, but it has been impossible to ascertain whether it will actually prevent cancer because the testing period has been so short. While young women occasionally get cervical cancer, it is far more common in women in their late forties. The average age of a cervical cancer patient is forty-eight years. Keeping this in mind, it could easily be decades before anyone truly knows if the Gardasil vaccine prevents cervical cancer. The most that can accurately be said at this point is that Gardasil has been shown to help prevent precancerous lesions, but in its extremely aggressive advertising and political lobbying campaigns Merck states that "Gardasil does more than help prevent cervical cancer. Gardasil is the only cervical cancer vaccine that helps protect against . . . human papillomavirus (HPV) types that cause 70% of cervical cancer cases."[44] The FDA only speculates that, " . . . it is believed that prevention of cervical precancerous lesions is highly likely to result in the prevention of those cancers."[45] No one knows if the vaccine prevents cancer, or for how long, or even whether it is safe.

When the FDA fast-tracked Gardasil, it was with the condition that Merck must conduct a safety surveillance study:

The study will include approximately 44,000 vaccinated subjects who will be followed for 60 days for assessment of general short-term safety (i.e., emergency room visits, hospitalizations, and deaths). The subjects will also be followed for 6 months subsequent to vaccination for new autoimmune disorders, rheumatic conditions, or thyroiditis. Also, a sufficient number of children 11-12 years of age will be studied to permit an analysis of safety outcomes. . . The study will be completed by June 30, 2009. The final study report will be submitted by September 30, 2009.[46]

Even though Gardasil will not be fully tested for safety until 2009, physicians are already pushing it as a routine, harmless vaccine. Merck's aggressive advertisement campaign tells young girls that their lives could be "one less" affected by cervical cancer and that, "It's your turn to help guard against cervical cancer." Merck's lobbying campaign to encourage state lawmakers to mandate Gardasil was so aggressive that it caused major controversy among concerned parents nationwide. In February of 2007, due to pressure from concerned parents and organizations – and unfavorable media attention – Merck pledged to at least stop its lobbying campaign to make Gardasil a mandatory vaccine for sixth-grade girls. But Merck's intensive advertising campaign continues. Those who push to administer Gardasil three years before its safety testing is complete may be placing young girls and women at risk.

[Page 15] Judicial Watch filed a request to obtain all VAERS reports concerning Gardasil in May 2007. The most recent reports were released by the FDA on June 10, 2008. While in the past Judicial Watch had received VAERS reports in smaller groups, this production was the first time all of them had been collected and analyzed together. In total, 8,864 reports have been filed.

The VAERS reports document that there have been 38 reports of Guillain-Barre Syndrome among girls who received the Gardasil vaccine. Guillain-Barre Syndrome is a potentially devastating illness that attacks the nervous system and can result in paralysis. Even though some of these cases had onset dates within days of receiving Gardasil, the CDC stated that, "After a careful review of the GBS reports received by VAERS, many appear to have insufficient clinical data. Because GBS occurs at a rate of 1-2/100,000 person years during the second decade of life, it is likely that some cases will occur after vaccination but will not be due to vaccination."[47] However, even taking into consideration coincidental cases, the VAERS reports show that the average onset date of Guillain-Barre Syndrome in Gardasil-related cases was only 18 days after receiving the vaccine. Twenty-nine of the thirty-eight cases have onset dates of two weeks or less, and ten girls developed Guillain-Barre Syndrome within twenty-four hours.

[Page 16] The VAERS reports also reveal as many as 18 young girls and women have died after receiving the vaccine. While the deaths are quite possibly not linked to the vaccine, there is a report of a perfectly healthy 17-year-old girl dying suddenly and alone, two days after receiving her third dose of the vaccine.[48] She was on birth control, as was another young woman who also died two days after receiving Gardasil: (…)

Of the eighteen deaths, eleven of them occurred less than a week after receiving the vaccine, and seven in less than two days. The most common diagnosed cause was blood clotting, (…)

[Page 17] The fact that blood clotting is responsible for almost a fourth of all deaths involving Gardasil is extremely concerning, especially since most birth control drugs increase one's risk of developing blood clots. Many girls and young women who receive Gardasil will already be taking birth control by the time they are vaccinated, and therefore the possibility that Gardasil may add to risk of blood clots is a serious issue that deserves attention.

In addition to the four cases of death from blood clots, there was also one reported death due to myocarditis, which is an inflammation of the heart, as well as one death from arrhythmia and one death from meningitis. Both the arrhythmia and meningitis cases occurred months after the patients received the Gardasil vaccine; the myocarditis death occurred six days after vaccination but was a pre-existing condition. Even excluding these deaths though, there are still fourteen cases that occurred within three weeks of receiving the vaccine. One was from anaphylactic shock:

The remaining deaths reported to VAERS all have unknown causes; however, all but one occurred within three weeks of receiving Gardasil, and six occurred within three days.

[Page 19] Merck's last wonder drug, Vioxx, was pulled from the market in 2002, after an estimated 88,000 to 140,000 adverse reactions were attributed to it. Vioxx, like Gardasil, was fast-tracked by the FDA in 1999, without a full safety testing and analysis period taking place. It was an anti-inflammatory drug designed to relieve people suffering from arthritis, menstrual cramps, and acute pain. Merck voluntarily pulled Vioxx from the market after a safety trial was stopped because, "there was an increased risk for serious cardiovascular events, such as heart attacks and strokes."[50] Vioxx was pulled after five years on the market and after contributing to 27,785 heart attacks and sudden cardiac deaths, in addition to other events, as estimated by the FDA.[51] Analysts estimate that the Vioxx recall decreased Merck's stock value drastically, and could cost Merck anywhere from $3 to $20 billion. Less than two years after Merck suffered this severe blow, the company introduced Gardasil, the most expensive vaccine on the market, and it was approved by the FDA.

It is unacceptable to mandate any vaccine without first testing it for effectiveness, safety, and long-term side effects.

Gardasil advocates and supporters of the FDA's fast-tracked approval of the vaccine attacked Judicial Watch's 2007 publication of VAERS records and reporting on deaths as well as serious, life threatening reactions to the vaccine. It is easy to conclude that Merck, the FDA and their associates were not interested in these government records being widely discussed and reported on. In fact, Judicial Watch has copies of FDA email revealing their frustration with Judicial Watch's work.

There is, however, good reason for public skepticism concerning the rush to mandate schoolgirls being vaccinated. While the word "cancer" invokes a wide range of emotions that can both influence and motivate parents, lawmakers, public health officials, pharmaceutical firms and lobbyists, it is important to evaluate the facts against the claims of both slick marketing and sophisticated political pressure campaigns.

[Page 20] Women have been assured by experts and authorities before about the safety and efficacy of various medicines and procedures. Recent history is replete with horrific examples of misplaced public trust: Thalidomide; the Dalkon Shield; hormone replacement therapy; and diethylstilbestrol ("DES").

Gardasil advocates use a patronizing tone in critiquing the doctors, scientists, public policy groups, parents and young women that question the vaccine's governmentreported adverse events and side effects. Those harboring some skepticism about an enormous public health experiment being conducted on schoolgirls and young women are supposed to find consolation in assurances that the vaccine is being closely monitored. The same authorities offering the assurances ridicule VAERS reports as unreliable – cold consolation, indeed.

HPV infection and cervical cancer should not be conflated: cervical cancer will not develop in most women who are infected with even a high-risk strain of HPV.[56] Based on marketing and lobbying campaigns, as well as the majority of "health news" media reporting, it is unlikely that parents of pre-teens and young women are aware of these important distinctions.

[Page 21] Even without Gardasil, cervical cancer deaths have decreased drastically in the past several decades. The American Cancer Society estimates that deaths from cervical cancer declined 74% between 1955 and 1992, and that the rate continues to decrease by about 4% each year.

Fast-tracking drugs and vaccines before their safety has been fully evaluated is unethical and dangerous, and until more tests have been completed on Gardasil no vaccination mandates should be established.

d) Citaten van Gerhard Buchwald MD

[Buchwald MD – Quotes] (zie digitale bijlage op DVD)

► "The 'victory over epidemics' was not won by medical science or by doctors--and certainly not by vaccines.....the decline...has been the result of technical, social and hygienic improvements and especially of improved nutrition. Here the role of the potato ... deserves special mention ... Consider carefully whether you want to let yourself or your children undergo the dangerous, controversial, ineffective and no longer necessary procedure called vaccination, because the claim that vaccinations are the cause for the decline of infectious diseases is **utter nonsense.**"--The Vaccination Nonsense (2004 Lectures)---**Dr. med. G. Buchwald ISBN 3-8334-2508-3 page 108.**

► "When in Germany, vaccinations against whooping cough were suspended between 1975 and 1991, the declining trend in the number of deaths from the disease continued as before."--Dr Buchwald (The Decline of Tuberculosis despite "Protective" Vaccination by Dr. Gerhard Buchwald M.D. p135)

"Vaccines have never had the proclaimed preventive effect on infections. The regression of infectious diseases started over 200 years ago, which means long before the introduction of vaccination, and it was due to the improved social conditions of the population: nutrition and hygiene. Contrary to general belief, the vaccinations have had a negative influence on the decrease of the infective maladies and mortality. Statistics started off at a period when the infectious diseases were already on the downgrade. Careful studies over a period of many years have revealed that each introduction of a mass vaccination has obtained only one result the immediate recrudescence of the malady that the vaccine should have prevented, but which has solicited instead. The temporary but immediate isolation of infected patients has each time proved sufficient to prevent an epidemic...Vaccines don't protect. but do harm. A scientific proof of their usefulness has never existed, whereas the severe, sometimes fatal, damages they cause are a proven fact."---**Dr. Buchwald MD in CIVIS Newsletter by Hans Ruesch, No 8, p3**

► "Vaccinations are now carried out for purely commercial reasons because they fetch huge profits for the pharmaceutical industry.....There is no scientific evidence that vaccinations are of any benefit, but it is clear that they cause a great deal of harm...Today there are 800,000 children and youngsters under the age of 15 years (Germany) with asthma. 800,000! Neurodermitis, once a rare complaint, has become so common that there are several support networks with many thousands of members. The 'Frankenpost' of April 2004 reported an estimated 27 million people now suffer from hayfever, neurodermitis and allergic asthma in Germany."---**Dr Buchwald (The**

Decline of Tuberculosis despite "Protective" Vaccination by Dr. Gerhard Buchwald M.D. p130, 132, 134.)

► **After it was definitely known that the BCG-vaccine was ineffective and harmful it took the STIKO 27 years to remove the vaccine from its list of recommended vaccines.** The only possible explanation for this behaviour is that the leading proponents of vaccination were reluctant to have to report such an embarrassing finding. In the sanatoriums, the ineffectiveness of this vaccine was already a known fact since the beginning of the 1960s, while its proponents defended it vehemently for another 40 years. ---**Dr Buchwald (The Decline of Tuberculosis despite "Protective" Vaccination by Dr. Gerhard Buchwald M.D. p116)**

► "Clear and certain medical knowledge, namely that the BCG-vaccine is not only ineffective but also harmful, was kept quiet for 27 years (in Germany) while the vaccine continued to be used and children were being harmed by it....almost 500 (estimated) cases of vaccine damage per year."--**The Decline of Tuberculosis despite "Protective" Vaccination by Dr. Gerhard Buchwald M.D. p119/117.**

► "In view of the epidemiological situation in Germany, the lack of evidence for the effectiveness of the BCG-vaccine and the not uncommen severe, undesired side-effects of the BCG vaccine, the STIKO can no longer support the recommendation for this vaccination."-- **Robert-Koch-Institute, March 1998** The Decline of Tuberculosis despite "protective" Vaccination by Dr. G Buchwald MD

► "The reason vaccinations are promoted with such intensity is to prevent people from realising that vaccines do not protect and also in the event of an outbreak or an epidemic the vaccinated are as much at risk of becoming infected as the unvaccinated. The truth can be kept hidden if people's vaccination status remains unknown and if everyone is vaccinated, making a comparison with unvaccinated people impossible. This is also the real reason for the relentless push to vaccinate as many children as possible."-- **Dr Buchwald (The Decline of Tuberculosis despite "Protective" Vaccination by Dr. Gerhard Buchwald M.D. p101)**

e) Dr. Buchwald testimony before the Quebec College of Physicians Medical Board.
[Guylaine Lanctôt – 1996 Dr Buchwald testimony] (zie digitale bijlage op DVD)
Dr. Buchwald getuigt voor Dr. Guylaine Lanctôt, die zich voor de Medical Board moet verantwoorden voor haar boek 'The Medical Mafia: How To Get Out Of It Alive & Take Back Our Health & Wealth' en de standpunten – voornamelijk m.b.t. de vaccinatie problematiek – die zij daarin ingenomen heeft.

"Dr. Buchwald draws the Committee's attention to a series of about 50 graphs in his book which show that vaccinations have no effect on the decline of infectious diseases.

L.: If vaccines didn't have any effect on the decline of infectious diseases, what then caused this decline?
B.: A British professor of social medicine, Thomas McKeown, showed that the decline in infectious diseases in developed countries had nothing to do with vaccinations, but with the decline in poverty and hunger ..."
L.: I would like to know your position on DPT shots.
B.: I was showing you the graph on diphtheria. It shows that vaccinations have no influence. That (on the graph) was where the vaccination was introduced, but despite that, there was an increase... In 1925 there was a vaccination campaign. We then had about 20,000 cases. During WW II, the number rose to 250,000 cases and then dropped significantly, even though during the War and during the post-War period, shortly thereafter, no vaccinations were carried out at all ...

The same situation for tuberculosis, Dr. Buchwald continues.
"Every year, there was a decline in cases of tuberculosis in Germany. To such an extent, that there were less and less dangers from this disease. After the War we had 160,000 cases and 40,000 deaths, meaning that one out of four people with the illness died. In 1994, we had 13,000 cases with 1,000 deaths. This means one out of 13 died. You can see how this illness has come to be less and less dangerous over time. One hundred years ago, being diagnosed with tuberculosis was a death sentence. You can see (on his graph) that vaccinations had no influence at all.

The reason behind this decline is as I showed you earlier. Never before have both Germans and Canadians, for instance, enjoyed such a good life. The victory that has been won over epidemics is not due to physicians, but to farmers and social legislation ... Better dwellings, better bathrooms, and more soap... Everything that we may refer to as general social ameliorations ... As a small boy, three of us kids shared the same bed... Our general living conditions are responsible for our good health. This isn't due to vaccinations at all, that's just for the money."

"L.: You mentioned that a group of Swiss physicians have banded together to oppose the WHO-imposed mandatory vaccination plan. Can you tell us what their arguments are?
B.:They are afraid that the dangers far outweigh the benefits... The Swiss physicians are concerned about what has occurred in the United States. There is a report that deaths have risen ten-fold (since the introduction of mandatory vaccinations) and that this situation has mystified American physicians."

"Dr. Lanctot resumes her questioning of Dr. Buchwald on the subject of polio vaccinations. Dr. Buchwald responds that prior to the introduction of polio vaccinations in Germany, anyone was counted as having polio, even if they only had the virus in their feces. It is known, he goes on, that there are people who are healthy but who evacuate polio viruses when they go to the bathroom. Based on this criteria, the number of cases was approximately 4,000 per year. After the introduction of the vaccine, statistics included only those polio cases of people who were paralyzed for at least six weeks.

L.: If I understand you correctly, before, everyone was counted, those with polio in their feces as well as those sick with polio, and that totaled 4,000. When they started the polio vaccination, they only counted those people who had been paralyzed for at least six weeks, is this right?
B.: Yes.
L.: So, this is how statistics improved from 4,000 to 400?
B.: Yes, exactly ...

"I did not find it difficult to conclude that there is no evidence whatsoever that vaccines or any kind are effective in preventing the infectious diseases they are supposed to prevent. Further, adverse effects are amply documented and are far more significant to public health than any adverse effects of infectious diseases.
Immunizations not only did not prevent any infectious diseases, they caused more suffering and more deaths than has any other human activity in the entire history of medical intervention. It will be decades before the mopping-up after the disasters caused by childhood vaccination will be completed."

Viera Scheibner Ph.D.

L.: Okay, that's what I understood. When you say they changed the way the calculations were done, who were "they"? Was this a medical or a political decision?
B.: It is always the same group that decides ... the World Health Organization (WHO).
L.: It always ends up at the WHO… What is your opinion of polio vaccinations?
B.:Since 1978, there hasn't been a single case of polio in Germany, but every year there are about 50 cases of paralysis caused by the vaccine. The German authorities ... have indicated that they would have to reconsider their policy because it's not logical to carry out a vaccination campaign

which causes 50 people to become paralyzed when the illness itself hasn't created a single case (of polio) in 20 years."
"L: You mentioned earlier that the first criterion in medicine is to do no harm ... And you referred to these ethics in your book: do no harm, be helpful, the well-being of the patient is the supreme rule, the will of the patient is the supreme rule ... Does vaccination respond to those rules?
B. No, and I cannot understand it. Those rules are always being stressed by our physicians and by the medical community except when it comes to vaccination ..."

"Physicians who vaccinate withhold certain medical information, proven medical knowledge, to the detriment of patients and the population at large."
[De afbeelding is gehaald uit de website <http://www.whale.to/vaccines.html>]

f) Dr. Joseph Mercola over de ineffectiviteit van vaccins.
[Mercola – 2009-11-14 Expert Pediatrician Exposes Vaccine Myths] (zie digitale bijlage op DVD)

Were Vaccines Really the 'Savior' Against Past Diseases?

Conventional medicine teaches that the polio and the smallpox epidemics went away because of the vaccines, and that most of the diseases that we faced in the 20th century in the United States were brought down because of the power, strength and the implementation of the vaccine policy.

Meanwhile, there are a significant number of studies in the medical literature that actually show there were many other reasons that these infectious diseases went away.

For example, one article published in 2000 in the Pediatrics Journal describes how, before the World War II, the majority of the infectious diseases the US was faced with – such as diphtheria, tetanus, polio, pertussis, measles, influenza, parapertussis, tuberculosis and scarlet fever – were all reduced before World War II and BEFORE there were antibiotics and vaccinations available to treat or to vaccinate against these diseases.

The reasons for the reductions in incidence rates and mortality of these diseases were predominantly due to the implementation of public health strategies, including:

Clean water
Better living conditions
Improved sanitation
Improved nutrition
There are many such examples.

One study that looked at the health outcomes of vaccinated versus unvaccinated children does exist. Published in the Journal of Allergy and Clinical Immunology in April 2005, that looked at the health outcomes of children who are fully vaccinated, who are partially vaccinated, and who are not vaccinated at all.

All the investigators asked the parents to do was to report atopic illness. Atopic illness means allergies, asthma, eczema, hay fever. The investigators were blinded, meaning they didn't know which category the participants belonged to. When they assessed the data, they found that the largest number of reports by parents of children with atopic illness were in the kids who were fully vaccinated. The second highest reports were in the families who are partially vaccinated. And the lowest number of reports was in the children who were unvaccinated…

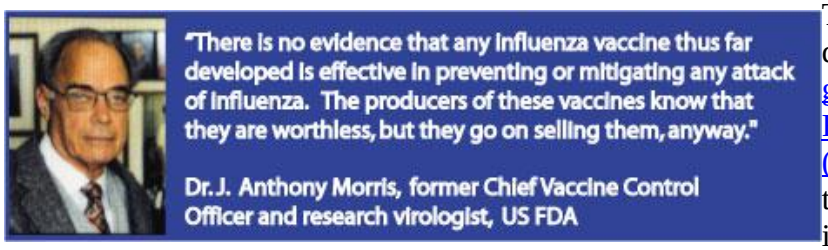
The investigators performed a statistical analysis to see if the data was based on chance or on real statistical differences, and found there were statistically significant differences between these groups. They couldn't understand how this was possible, because the generally accepted consensus is that vaccines are completely safe, and completely effective.

Based on this initial finding, we clearly need to do follow-up studies to ask the same question over and over again; repeat this kind of investigation with different populations across different parts of the country, to unearth the truth!

g) Is There Hanky-Panky Behind Mandatory Vaccines?
The Phyllis Schlafly Report (Excerpt) [Shirley's Wellness – Vaccinations, Deception and Tragedy - Part 2] (zie digitale bijlage op DVD)

The Vaccine Adverse Event Reporting System (VAERS) received 11,000 complaints last year from doctors or parents. In presenting their claims of vaccine damages, parents must face a battery of 17 full-time, veteran Justice Department lawyers assigned to argue against them. These lawyers have been successful in denying compensation to all but 1,300 of 5,300-plus families. Since most children today get up to 33 immunizations before they can be admitted to public school, parents are starting to ask a fundamental question. Which is the greater risk: getting and being injured by the disease, or being injured by the vaccine that purports to protect against it? For example, serious adverse events after receiving the hepatitis B vaccine, including 48 deaths, are reported three times as frequently as actual cases of hepatitis B in children under the age of 14. And, the only polio cases in the United States since 1991 have been those caused by the oral polio vaccine, whose use was discouraged only a few weeks ago!

h) Richtlijnen van de FDA m.b.t. de effectiviteit van vaccins.
[Herb Newborg – 2009-08-28 CDC States H1N1 Vaccine May Maim and Kill 30,000 Americans, FDA Requires Minimal Efficacy] (zie digitale bijlage op DVD)



The novel H1N1 vaccine being developed must adhere to guidelines set forth by the U.S. Food and Drug Administration (FDA). The FDA has announced that a vaccine will be accepted if it creates antibodies in 4 out of 10 recipients (40%), with at least 70 percent of those 4 achieving an antibody level **believed** to provide benefit. This means that an acceptable vaccine candidate would provide "protection" for 28% of vaccine recipients (70% of the 40%), or less than 3 in 10 recipients. The requirement drops to 18% efficacy for those over 65 years of age (60% of 30%).
[Afbeelding: http://www.whale.to/vaccines/morris_h.html]

4. KLOPT DE MEDISCH-WETENSCHAPPELIJKE THEORIE DIE TEN GRONDSLAG LIGT AAN VACCINATIE WEL?

a) Hoe het begon.
[Patrick Rattigan – 'Crime Against Humanity' (Vaccinations)] (zie digitale bijlage op DVD)

WHAT WAS SMALLPOX?
Caused by poor sanitation, poverty, and malnutrition.

Smallpox was an infectious viral disease which was evident for centuries in places with poor sanitation, poverty, and malnutrition. Hundreds of thousands died, and there was no cure. The infectious agent was Orthopox variola. By the end of the 18th century the disease was following the natural course: burning itself out on the human population, confining itself to those with the lowest immune capabilities.

Smallpox was the first disease for which vaccination was tried. It all started with Edward Jenner at the end of the 1700s. The story that we find in 99% of standard references is that Jenner's vaccine saved the world from the dread smallpox, which had plagued the human race for centuries. Mass inoculation programs were instituted in many countries worldwide, usually backed by the government. The vaccine supposedly immunized people for life. If the legend starts to sound a little whitewashed, there's a reason why. So let's start at the beginning.

EDWARD JENNER
as you may remember, was the English "physician" in the late 1700s who took note of an old superstition that milk-maids who got a mild disease known as cowpox supposedly didn't get smallpox. As an experiment, Jenner came up with the idea of drawing serum from an infected cowpox pustule on the skin of an infected milkmaid. He then injected the infected pus into a perfectly healthy person, on the theory that contact with this "milder" disease would allow the subject to develop immunity to the more deadly smallpox.

Jenner's theory was that this cow-pox is smallpox of the cow. Therefore, if you give a person cow-pox, it is the same as smallpox, only in a very mild form. And it would not be infectious.

And at midnight, the coach would turn back into a pumpkin …

Going even further out on a limb, Jenner himself absolutely declared that it is not that cow-pox is a preventive of smallpox but that it is smallpox itself. (Hadwen)

While Jenner is universally venerated today as mankind's deliverer from the scourge of infectious disease in probably 99% of references, a little different version of Jenner's rise to fame and wealth is summarized in Miller's book Immunizations, p 24. Other sources from Jenner's own contemporaries who were less than enchanted with his idea of variolation appear throughout Anderson's The Facts Against Compulsory Vaccination, the writings of Walter Hadwen and the very thorough research by Alfred Russell Wallace.

From these writers we can learn a few details that most edited modern drafts of this story omit, such as:
* the utter lack of science underlying Jenner's original claim of immunity from vaccines
* the number of deaths and disfiguring cases his experiments brought to those unsuspecting patients who were unfortunate enough to be talked into trying Jenner's injections during those early years. Even from the beginning, after inoculating his very first patient – 8 year old James Phipps – Jenner absurdly maintained that his injections were conferring lifetime immunity:

"…what renders the cowpox virus so extremely singular is that the person who has been thus affected is for ever after secure from the infection of the smallpox."
Jenner, 1797, cited in H.B. Anderson

REALITY CHECK

Many of Jenner's own contemporaries were shocked at how easily the scientific community was taken in by this auteur. Perusing the work of Walter Hadwen MD, [5] celebrated English surgeon, author, and medical scholar of 100 years ago, we find a version of the Jenner story that is not so set in bronze as most of what we read today. Hadwen points out a few cracks in Jenner's pedestal:
- Jenner was no physician. He never passed a medical exam in his life, completed any course of medical study, or received a diploma from any medical school.
- Jenner bought his medical degree for £15 from St Andrew's College in Scotland, which he never attended.
- Jenner "tested" his theory on one patient, and then immediately claimed that he had "immunized" the patient against smallpox for life. Jenner also claimed that the vaccine would work universally. That's it. No controlled clinical trials, no years of research, nothing! One patient!

With no proof whatsoever, and a sample size of one, Jenner tricked the entire medical profession, then and now, into pretending that cowpox was smallpox in cows – a total scientific inaccuracy. And then he sold the idea that his vaccine was the cure. [5, 14]

WHEEL OF FORTUNE

Not long after his "breakthrough," Jenner's repeated petitions to the House of Commons struck gold. It finally dawned on the English government how millions of pounds sterling could be moved around by passing a law making the new smallpox vaccine compulsory. Jenner was promptly awarded the enormous sum of £30,000 by British Parliament and suddenly this uneducated poseur was a revered scientist! (Wallace [6])

TWO DIFFERENT DISEASES

Legitimate scientists of Jenner's day decried the smallpox vaccine from the start. Bechamp, Hadwen, Wallace, and others thought it appalling that the most basic facts concerning the distinction between cowpox and smallpox were simply never discussed. If the original axioms of vaccination were true, how could one disease vector immunize against a completely separate disease? This was the question that was never asked, and is still ignored today.

Watch closely: the two diseases – cowpox and smallpox – are completely distinct conditions. Hadwen explains:

"What is cow-pox? It is a disease which occurs on the teats of cows; it only occurs when they are in milk; only in one part of the body, and naturally only in the female animal; it results in an ugly chancre; and is not infectious.

Small-pox, on the other hand, is not limited to the female sex as is cow-pox, nor to one portion of the body; it presents different physical signs, and, furthermore, is tremendously infectious, and the course and symptoms of the two diseases are totally different. Therefore there is no analogy between the two.

Hadwen wrote this 100 years ago, but his objections are still valid. Doing a taxonomic check today in a standard index of viruses from a National Institutes of Health database readily points out that cowpox is caused by a virus called Orthopox vaccinia and smallpox is caused by a virus called Orthopox variola. These two viruses have different sizes, genetic sequences, and

characteristics. To pretend that cows get a version of smallpox called cowpox is bizarre enough – but then to say that people who get the same disease are immune to smallpox is simply fantasy.

“How scientific was it to transfer diseases back and forth between humans and animals in the preparation and administration of vaccines? Real scientists were shocked at such a practice. But their views were suppressed. We'll see this sloppy science emerge again with polio vaccine and the invention of HIV.” Dr. [Leonard] Horowitz.

HOW WAS THE SMALLPOX VACCINE MADE?

From an original monograph by Dr Walter Hadwen, here is an account of how smallpox vaccine was first made:
1. A 3 month old calf was tied down on its side.
2. 30 - 50 one inch incisions were made in its stomach
3. Smallpox pus rubbed into each incision
4. Calf is returned to its pen, restrained so as to be unable to lick the sores
5. Wait one week.
6. Smallpox pustules form
7. Calf strapped down again
8. Encrusted pus is scraped off each sore and the remaining blood, lymph, and pus is then drained out.
9. It is placed in a crucible and heated, adding glycerine as a binder
10. Mixed and strained to remove hair and dead flesh.
11. Poured into tubes as sold as pure calf lymph - or smallpox vaccine.

Very scientific! This formula was used for decades, even up to modern times, continuing with Dryvax in 1944. [34] The new smallpox vaccines are still made from this 'purified calf lymph' but with one modern twist: the post 9/11 vaccine is now cultured on the cells of an aborted human fetus. [35].

The majority of historical references found in mainstream sources have loudly proclaimed the safety and effectiveness of the smallpox vaccine. This erroneous general perception continues today. From a current MSN Encarta document:

"Cowpox, contagious viral disease of cows characterized by pustular eruptions, especially on the udders and teats. Cowpox can be transmitted to humans by direct contact. Persons infected with cowpox become immune to smallpox, a similar but more serious disease. This immunity was discovered by the British physician Edward Jenner, who used cowpox virus to inoculate patients against smallpox. Cowpox - Microsoft® Encarta® Online Encyclopedia 2001

"...infectious disease of cows caused by a virus related to the virus of smallpox. Also called variola, it is characterized by pustular lesions on the teats and udder. Cowpox is transmitted by contact, inducing a mild infection of the hands in persons who milk infected cows. The fact that such persons had immunity to smallpox led Edward Jenner to attempt vaccination with this virus, instead of using the dangerous method of vaccinating with material from the sores of smallpox. Jenner's method was successful and is the basis of the modern vaccination against smallpox." The Columbia Encyclopedia, Sixth Edition. 2001: Cowpox

DID THE ORIGINAL VACCINE WORK?

By 1853, Parliament began passing laws to make the untested vaccine compulsory throughout the British empire. Other countries of Europe followed suit.

Once the economic implications of compulsory vaccinations were realized, few dared to disagree. Then as now, the media were controlled by the vaccine manufacturers and the government, who stood to make huge money from the sale of these spurious vaccines.
Hadwen put it like this:
"... so strong is the effect of authority, custom, and endowment, and so prone are people to save themselves the trouble of personal investigation by the simple process of accepting the decisions of "the majority" ... When once an error is accepted by a profession corporately and endowed by Government, to uproot it becomes a herculean task."

And this is how mass immunizations get started. Once the money machine started rolling, doctors who questioned the research were ignored. Despite the lack of scientific validation and hundreds of thousands of documented vaccine deaths, compulsory smallpox vaccination lasted for 120 years! The US was the last holdout, finally giving it up in 1971.

PRUSSIAN ROULETTE

Hadwen provides a rare window into the medical research of a century ago, one that has not received the usual whitewash. He tells the amazing story about Prussia, the most vaccinated country in Europe during the 1800s – also the country whichkept the best records. Hadwen had access to these medical records before the media had the sense to suppress them. Here's what they showed:

It happened that Prussia passed a mandatory vaccination law in 1834 for smallpox. The law provided that every infant be vaccinated, and then revaccinated when starting school. After graduation the child had to be vaccinated again, and then oncemore upon entering the Army! And all healthy males had to go into the Army. Anyone who refused the vaccination was to be "held down and vaccinated by force; and so thoroughly was it done that he was vaccinated in ten places on each arm."
OK, so we get the idea that almost 100% of Prussians got Jenner's smallpox vaccine. So what happened in Prussia 35 years after this vaccination law? A smallpox epidemic which killed 124,978 of her vaccinated and re-vaccinated citizens after thirtyfive years of compulsory vaccination!"

b) **Onthullingen van dr. Mark Randall, een gepensionneerde vaccin-onderzoeker van een farmaceutisch bedrijf, over de afwezigheid van wetenschap aangaande vaccins (Interview).** Hij gebruikt een schuilnaam om zich te beschermen tegen rancune. Zoals hij zei was hij “part of the inner circle”. Hij ligt de sluier op en toont de ‘wetenschap’ van vaccins zoals het nu is. [Jon Rappoport – 2006-02 Vaccine Dangers and Vested Interests] (zie digitale bijlage op DVD)

Q: And beyond the purity issue?
A: You are dealing with the basic faulty premise about vaccines: that they intricately stimulate the immune system to create the conditions for immunity from disease. That is the bad premise. It doesn’t work that way. A vaccine is supposed to “create” antibodies which, indirectly, offer protection against disease. However the immune system is much larger and more involved than antibodies and their related “killer” cells.
Q: The immune system is …?
A: The entire body, really. Plus the mind. It’s all immune system, you might say. That’s why you can have, in the middle of an epidemic, those individuals who remain healthy.
Q: So the level of general health is important.
A: More than important. Vital.
Q: How are statistics falsely presented?

A: There are many ways. For example, suppose that 25 people who have received the hepatitis B vaccine come down with hepatitis. Well, hep B is a liver disease. But you can call liver disease many things. You can change the diagnosis. Then you've concealed the root cause of the problem.
Q: And that happens?
A: All the time. It *has* to happen, if the doctors automatically assume that people who get vaccines *do not* come down with the diseases they are now supposed to be protected from. And that is exactly what doctors assume. You see, it's circular reasoning. It's a closed system. It admits no fault. No possible fault. If a person who gets a vaccine against hepatitis gets hepatitis or gets some other disease, the automatic assumption is that this has nothing to do with the vaccine.
Q: In your years working in the vaccine establishment how many doctors did you encounter who admitted that vaccines were a problem?
A: None. There were a few [researchers working within drug companies] who privately questioned what they were doing. But they would never go public, even not in their companies.
Q: What was the turning point for you?
A: I had a friend who's child died after a DPT shot.
Q: Did you investigate?
A: Yes, informally. I found that this child was completely healthy before the vaccination. There was no reason for his death, except the vaccine. That started my doubts. Of course I wanted to believe that the child had got a bad shot from a bad lot. But as I looked into this further I found that was not the case in this instance. I was being drawn into a spiral of doubt that increased over time. I continued to investigate. I found that, contrary to what I thought, vaccines are not tested in a scientific way.
Q: What do you mean?
A: For example no longterm studies are done on any vaccines using a control group. Part of what I mean is no correct and deep follow-up is done, taking into account that vaccines can induce, over time, various symptoms and serious problems which fall outside the range of the disease for which the person was vaccinated. Again, the assumption is made that vaccines do not cause problems. So why should anyone check? On top of that, a vaccine reaction is defined so that all bad reactions are said to occur soon after the shot is given. But that does not make sense.
Q: Why doesn't that make sense?
A: Because the vaccine actually acts in the body for a long period of time after it is given. A reaction can be gradual. Neurological problems can develop over time. They do in various conditions, even according to a conventional analysis. So why couldn't that be the case with vaccines? If chemical poisoning can occur gradually, why couldn't that be the case with a vaccines which contain mercury?
Q: And that is what you found?
A: Yes. You are dealing with correlations most of the time. Correlations are not perfect. But if you get 500 parents whose children have suffered neurological damage during a one-year period after having a vaccine, this should be sufficient to spark off an intense investigation.
Q: Has it been enough?
A: No. Never. This tells you something right away.
Q: Which is …?
A: The people doing the investigation are not really interesting in looking at the facts. They assume that the vaccines are safe. So when they *do* investigate, they invariably come up with exonerations of the vaccines. They say: "This vaccine is safe". But what do they base their judgements on? They base them on definitions and ideas which automatically rule out a condemnation of the vaccine.
Q: There are numerous cases where a vaccine campaign has failed, where people have come down with the disease against which they were vaccinated.

A: Yes, there are many such instances. And there the evidence is simply ignored. It's discounted. The experts say, if they say anything at all, that this is just an isolated situation but overall the vaccine has been shown to be safe. But if you add up all the vaccine campaigns where damage and disease have occurred, you realise that these are *not* isolated situations. (…)
Q: If vaccines actually do harm, why are they given?
A: First of all, there is no "if". They *do harm*. It becomes a more difficult question to decide whether they do harm in those people who seem to show no harm. Then you are dealing with the kind of research which *should* be done, but isn't. Researchers should be probing to discover a kind of map, or flow chart, which shows exactly what vaccines do in the body from the moment they enter. This research has not been done. As to why they are given, we could sit here for two days and discuss all the reasons. As you've said many times, at different layers of the system people have their motives: money, fear of losing a job, the desire to win brownie points, prestige, awards, promotion, misguided idealism, unthinking habit, and so on. (…)
Q: What is one thing you want the public to understand?
A: That the burden of proof in establishing the safety and efficacy of vaccines is on the people who manufacture and license them for public use. Just that. The burden of proof is not on you or me. And for proof you need well-designed, long-term studies. You need extensive follow-up. You need to interview mothers and pay attention to what mothers say about their babies and what happens to them after vaccination. You need all these things – the things that are not there. (…)
Q: To avoid any confusion. I'd like you to review, once more, the disease problems that vaccines can cause – which diseases, how that happens …
A: We are basically talking about two potential, harmful outcomes. One the person gets the disease from the vaccine. He gets the disease which the vaccine is supposed to protect him from, because some version of the disease is in the vaccine to begin with. Or two, he doesn't get *that* disease, but at some later time, maybe right away, maybe not, he develops another condition which is caused by the vaccine. That condition could be autism – what's called autism – or it could be some other disease like meningitis. He could be mentally disabled.
Q: Is there any way to compare the relative frequency of these different outcomes?
A: No. Because the follow-up is poor. We can only guess. If you ask out of a population of a hundred thousand children who get a measles vaccine how many get the measles and how many develop other problems from the vaccine, there is no reliable answer. That is what I'm saying. Vaccines are superstitions. And with superstitions you don't get facts you can use. You only get stories, most of which are designed to enforce the superstition. But, from many vaccine campaigns we can piece together a narrative that does reveal some very disturbing things. People have been harmed, and the harm is real, and it can be deep, and it can mean death. The harm is *not* limited to a few cases as we have been led to believe. In the US, there are groups of mothers who are testifying about autism and childhood vaccines. They are coming forward and are standing up at meetings. They are essentially trying to fill in the gap that has been created by the researchers and doctors who turn their backs on the whole thing. (…)

Vaccines are superstitions. And with superstitions you don't get facts you can use. You only get stories, most of which are designed to enforce the superstition.

Q: Looking back now, can you recall any good reason to say that vaccines are succesful?
A: No, I can't. If I had a child now, the last thing I would allow is vaccination. I would move out of the state if I had to. I would change the family name. I would disappear. With my family. I'm not saying it would come to that. There are ways to sidestep the system with grace, if you know how to act. There are exemptions you can declare, in every state, based on religious and/or philosophical views. But if push came to shove, I would go on the move. (…)
Q: So we come to the level playing field.
A: Yes. Allow those who want the vaccines to take them. Allow the dissidents to decline to take them. But, as I said earlier, there is no level playing field if the field is strewn with lies. And

when babies are involved, you have parents making all the decisions. Those parents need a heavy dose of truth. What about the child I spoke of who died from the DPT shot? What information did his parents act on? I can tell you it was heavily weighted. It was not real information.
Q: Medical PR people, in concert with the press, scare the hell out of parents with dire scenarios about what will happen if their kids don't get shots.
A: They make it seem a crime to refuse the vaccine. They equate it with bad parenting. You fight that with better information. It is always a challenge to buck the authorities. And only *you* can decide whether to do it. It's every person's responsibility to make up his/her mind. The medical cartel likes that bet. It is betting that the fear will win.

c) **Dr. Lawrence B. Palevsky, M.D. over het ontbreken van een wetenschappelijke basis van vaccinatie.** Interview met Dr. Joseph Mercola. Palevsky komt tot dezelfde slotsom als 'Randall' vanuit de praktijk. [Mercola – 2009-11-14 Expert Pediatrician Exposes Vaccine Myths]
(zie digitale bijlage op DVD)

The Difference Between What You Learn in School and What Works.
Dr. Palevsky says:

"When I went through medical school, I was taught that vaccines were completely safe and completely effective, and I had no reason to believe otherwise. All the information that I was taught was pretty standard in all the medical schools and the teachings and scientific literature throughout the country. I had no reason to disbelieve it. Over the years, I kept practicing medicine and using vaccines and thinking that my approach to vaccines was completely onboard with everything else I was taught. But more and more, I kept seeing that my experience of the world, my experience in using and reading about vaccines, and hearing what parents were saying about vaccines were very different from what I was taught in medical school and my residency training … and it became clearer to me as I read the research, listened to more and more parents, and found other practitioners who also shared the same concern that vaccines had not been completely proven safe or even completely effective, based on the literature that we have today.

… It didn't appear that the scientific studies that we were given were actually appropriately designed to prove and test the safety and efficacy. It also came to my attention that there were ingredients in there that were not properly tested, that the comparison groups were not appropriately set up, and that conclusions made about vaccine safety and efficacy just did not fit the scientific standards that I was trained to uphold in my medical school training."

Have the Proper Safety Studies Actually Been Done?
So, why is there such a vast difference among intelligent, scientifically oriented, committed and objective scientists and physicians about the safety and efficacy of vaccines?
Dr. Palevsky says:

"I think that if you ask most of my colleagues where they get their information, they will say that they read it from the American Academy of Pediatrics, from the AMA, from the CDC, and in their journals. But I would like to challenge most of my colleagues to look through the studies themselves to actually see if the proper scientific studies were done using a proper study group and a proper control group.

Were the ingredients in vaccines properly studied? Is there a difference between being exposed to a virus, bacteria, heavy metal or toxin through the air, food, your intestines and your skin, versus when it's injected into your body? Have we really looked at what happens to vaccine materials once injected into a child? Is an antibody sufficient to provide protection for a child against disease?

More and more studies are coming out to show that:

- The proper studies haven't been done.
- Antibodies are not the final way in which your body is protected.
- There is a difference between how children process material through air and food versus through injection.
- There are particles in vaccines that do accumulate in your body and cause impairments in your immune system.
- There are particles in the vaccines that get into your brain, and
- There are foreign DNA particles that get into your body

For many health professionals it is a shock to discover that there is such a lack of information on the safety and efficacy, and a mounting degree of information that actually raises suspicions about the safety and effectiveness of vaccines, and whether or not they have been properly studied."

"It is heartbreaking, because I see many of these kids who were developmentally normal, who were doing well, who were speaking, then whose voices and eye contacts were lost, who went into seizures, who developed asthma and allergies, and they had nowhere to go because they're doctors told them that they don't know what they're talking about. These kids are real.

The literature is showing that there are changes in the immune system of children who are vaccinated, especially if we vaccinate them before one year of age or even at one day of age. The literature is there. It's good scientific literature, and it shows that more and more of these kids who are suffering from chronic illness are suffering from impairments of their immune system. Whether vaccines are causative or contributory, the literature is showing that there is a role that vaccines are playing in creating the groundwork for these children's immune systems to start to show signs of impairment and destruction.

… When I look at the studies that the American Academy of Pediatrics and the CDC put out, saying that there's no correlation between vaccination and autism or vaccinations and asthma, I have to say that the studies just don't hold up to the scientific standards. You can't have 25 children in a study and then report that this proves that no children who get autism have any correlation to being injured by vaccines. This is what the media does: they take these conclusions, put it right out in front of the newspapers and say, "Vaccines don't cause autism." When you really look at the studies – and there's not a proper control group and there's only 25 people – you can't make a grand, generalized statement about a general population because you've studied 25 children."

So, does that mean you should never vaccinate against anything?
Dr. Palevsky says:

"That's something that needs to be left up to the individual parent. I am truly a proponent of informed consent, and I'm truly supportive of families who have done their homework and who have been able to make the choice. What is the possible risk of the illness? What is the possible health outcome if your child gets one of those illnesses? And how much do you know about those risks versus how much do you know about the risks of the vaccines and the health outcomes of what may happen when children are vaccinated against single, or even multiple, vaccines?

And when parents are given both sides, it is up to them to make that informed choice. It is no longer my role to tell them that they must do this vaccine but not that vaccine, because each parent has to make an informed choice based on their understanding of how diseases occur or don't occur, what science we have available, and whether they feel comfortable with the devil that they know (the science and the outcomes of disease) versus the devil that they don't know (science and the outcomes of the vaccine)."

What about the Swine Flu Vaccine?

Echoing many other health professionals, including myself, Dr. Palevsky's concern is that there haven't been sufficient amounts of scientific investigation to actually be able to say that the vaccines are safe, or even effective.

He says:

"Now if you read the packaging first of the swine flu vaccine, it specifically states that the swine flu or the H1N1 flu vaccine was manufactured in the same manufacturing process as the flu vaccine. Therefore since we believe that the flu vaccine has been sufficiently tested to be safe, we can then conclude that the H1N1 vaccine is safe. But the public should know that even though our authorities are standing there and saying that the H1N1 vaccine is safe, the proper studies have not been done.

… And it's unfair to say to parents or to the public that if you come down with a flu-like illness, it must be H1N1. In studies that have been done, people who did get the flu had their noses swabbed, and they were found to have H1N1. What's missing in these data is a population of healthy people who have not had any flu symptoms – to actually see if their noses contained H1N1 – because if someone is sick and has the presence of an H1N1 virus in the nose, it doesn't mean that the H1N1 is causing the illness. You really have to take an appropriate control group to see if people are colonized with that virus even when they're not sick. So we don't have that data; we really don't know. I don't think we can say with good scientific certainty that people who are getting sick from the flu and who are being diagnosed with H1N1 are actually having H1N1 as the cause."

"How does vaccinating against the flu virus stop you from carrying the flu virus in your nasal passages?"

The Concept of Herd Immunity – BUSTED!

One of the primary arguments that is being used to justify this insane behavior is "herd immunity." The fact is that vaccination does NOT stop you from carrying bacteria or viruses in your nose, in your throat, in your intestines, in your airway, on your skin, or in your body. But many do not understand the significance of this fact, and have been made to believe that if you're vaccinated, you won't carry viruses, and therefore, others will be protected because you're vaccinated. As it turns out, this belief is NOT based on scientific fact.

Dr. Palevsky explains:

"This whole concept of herd immunity is very interesting, because we were taught that herd immunity occurs because a certain percentage of a population gets an active illness. Therefore by a certain percentage of getting the active illness, they impart a protection onto the remaining part of the population that has not gotten the illness yet. And so the herd that is getting the illness is shedding the illness and protecting those who have not gotten it.

In vaccine science, we are extrapolating or concluding that if we vaccinate a certain percentage of people, we are imparting protection on those who have not been vaccinated. And that has NOT been shown to be true, because the true herd immunity in theory is based on an ACTIVE DISEASE, and we know that despite what we're taught, vaccination does not mimic the natural disease. So we cannot use the same model of herd immunity in a natural disease in the vaccination policy. But unfortunately, we do use it even though it cannot be used because it doesn't have scientific backing.

What's most interesting to me is that the entire concept of herd immunity fails to acknowledge that there is a life cycle of the viruses and the bacteria all on their own, and that what turns them on and off may have nothing to do with the percentage of people who have been infected. All you have to do is look at the SARS outbreak. That virus that we were supposed to fear didn't infect 70 or 80 percent of the population, which would then impart herd immunity on the 20 or 30 percent that didn't get the disease. This is because the virus itself had a life cycle of its own. And so it came and went without any percentage of the population being protected. There wasn't herd immunity, and yet the virus died out on its own. We fail to include that viruses have a life cycle, and that they are in relationship to other organisms and to us. Something activates them and something actually stops them, and it has nothing necessarily to do with the percentage of people who would have the illness or who have been vaccinated.

… It is preposterous to think that a child who is vaccinated no longer carries the bacteria or the viruses that they have been vaccinated against. If, in fact, children are vaccinated, then why are parents and public health authorities afraid that non-vaccinated children are somehow carrying something that their children are not, when they should feel comfortable that their children are vaccinated? You can't have it both ways. 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."

"So we're missing a lot of important data that we won't believe, and we're also missing a lot of important data that we won't accumulate because most of the studies that are done are by the manufacturers of the vaccines themselves."

d) **Excerpt from 'The Verge of Vaccine Mania' / By Nicholas Regush**.
[Shirley's Wellness – Vaccinations, Deception and Tragedy - Part 1]
(zie digitale bijlage op DVD)

Why are there no studies on the long-term effects of vaccination? Why are there so few studies that have examined what happens in the body at a cellular/molecular level after vaccination? Why are we vaccinating children in a vacuum of scientific knowledge? Why are there no long-term studies to assess illness and deaths related to vaccination? These are the kind of fundamental questions that anyone involved in vaccine policy should be addressing, but that is hardly the case. People like Fisher are badly needed on TV and radio news programs and in newspaper stories to raise these questions again and again — until the academics wake up and do some real research. These days, children can get as many as 21 vaccines before they start first grade. There are about 200 more vaccines in the pipeline. Scenarios for the future even include consuming vaccines in nose sprays, ointments and fruits and vegetables. I call it vaccine mania. It has gone beyond what anyone can possibly defend on scientific grounds. Pumping more vaccines into the body without understanding such basics as how they'll affect immune system function over time borders on the criminal.

e) **‘Swine flu jab link to killer nerve disease: Leaked letter reveals concern of neurologists over 25 deaths in America’,** 15 august 2009, Daily Mail (UK). (zie digitale bijlage op DVD)

Dr. Tom Jefferson, Cochrane Collaboration:
“New vaccines never behave in the way you expect them to. It may be that there is a link to GBS, which is certainly not something I would wish on anybody.” … “But it could end up being anything because one of the additives in one of the vaccines is a substance called squalene, and none of the studies we’ve extracted have any research on it at all.” He said squalene, a naturally occurring enzyme, could potentially cause so-far-undiscovered side effects.

RECAPITULATIE

De vragen die wij ons aan het begin van deze brief stelden zijn:
Is een blindelings vertrouwen in de medisch-wetenschappelijke theorie die aan vaccinaties ten grondslag ligt en in de farmaceutische bedrijven die de vaccins maken gerechtvaardigd?
Zijn de vaccins werkelijk zo onschuldig, zo veilig en zo effectief?

In het bovenstaande heb ik deze vragen uitgebreid toegelicht; toch is het slechts een minieme selectie van alle informatie die hierover beschikbaar is. Verder heb ik bepaalde onderwerpen hier en daar voorzien van mijn commentaar, waaruit U een idee hebt kunnen krijgen hoe ik erover denk.
Het is aan U om een gewetensvol antwoord op deze vragen te geven. Niet aan mij, want ik ben slechts een doorgeefluik, maar aan Uzelf en aan ons volk.

Echter, alvorens deze brief af te ronden met mijn concluderend betoog en enkele aanbevelingen die ik U zal meegeven, wil ik nog enkele zaken die daarmee verband houden onder het vergrootglas houden en in het licht plaatsen.

ANDER SCHADELIJK GEDRAG

Alsof het vaccineren als daad zelf al niet erg genoeg is, maken diverse actoren in het veld zich bovendien ook nog schuldig aan mogelijk illegale praktijken en schendingen van elementaire normen en waarden en basisbeginselen van ethiek en moraal. Ik stip slechts enkele aan en de variatie in de ernst van de schendingen is groot, maar ze geven een beeld van andere aspecten van schadelijk gedrag binnen betreffende samenlevingen c.q. de mensheid en bepalen mede het gezicht van het probleem.

Volksbedrog c.q. (grenzend aan) medische fraude – Het verdonkeremanen van vitale, publiekelijk toegankelijke informatie – Regeringen gechanteerd door de farmaceutische industrie – Het afwentelen van schuld voor de dood van baby’s op de ouders – Vaccinatoren die hun eigen medicijn niet ‘slikken’.

◘ [Russell Blaylock – 2008 The truth behind the vaccine cover-up]

(Abstract) On June 7-8, 2000 a secret conference was held at the Simpsonwood Conference Center in Norcross, Georgia to discuss a study examining the link between increasing doses of Thimerosal and neurodevelopmental disorders. The study was done using the Vaccine Safety Datalink (VSD) database, an official governmental data bank collecting patient vaccination information on the children from the health maintenance organizations (HMOs) being paid to participate. Attending were 51 scientists, representatives of pharmaceutical vaccine manufacturing companies and a representative of the World Health Organization; the public and the media were unlawfully excluded.

The conclusions of this meeting were quite startling, since it confirmed a dose-response link between Thimerosal and neurodevelopmental disorders that held up to rigorous statistical analyses. In their discussion, they make plain why the meeting was held in secret: the conclusions would have destroyed the public's confidence in the vaccine program, and more importantly, their faith in vaccine authorities. When the results of this study were published three years later in the journal Pediatrics, the "problem" had been fixed, in that by adding another set of data from a third HMO, reorganizing the criteria for inclusion and restructuring the patient groupings, a less than statistically significant link was demonstrated. In my analysis I discuss the more outrageous statements made during the meeting and how accepted experts in the field of mercury neurotoxicity were excluded from the meeting.

◘ [Robert F. Kennedy Jr. – 2009-07-25 Vaccinations – Deadly Immunity]

De wetenschappelijke data van het onderzoek [waaruit het causaal verband bleek tussen thimerosal en autisme] werden door de Centers for Disease Control and Prevention (CDC) onder een stringent embargo geplaatst. De CDC betaalde het 'Institute of Medicine' (IOM) om een nieuw onderzoek te doen met als doel het "witwassen" van de risico's van thimerosal, en hevelde de gehele databank over naar een particuliere instelling, om de toegang tot deze data – door de 'Freedom of Information Act' gegarandeerd – te blokkeren.

◘ [Marti Oakley – 2009-07-30 Refusing vaccination labels you a "criminal", so says WHO]

As for the [WHO 2005] declaration … it was contained in the minutes of the 2005 meeting of WHO and has now been "disappeared" . WHO claims there were no minutes taken and refused to release them. Common sense tells you this isn't true. Minutes are ALWAYS taken.

◘ [Jane Burgermeister – WHO moves forward in secrecy to accomplish forced vaccination and population agenda]

"The WHO has refused to release the Minutes of a key meeting of an advisory vaccine group – packed with executives from Baxter, Novartis and Sanofi – that recommended compulsory vaccinations in the USA, Europe and other countries against the artificial H1N1 "swine flu" virus this autumn. In an email this morning, a WHO spokesperson claimed there are no Minutes of the meeting that took place on July 7th in which guidelines on the need for worldwide vaccinations – that WHO adopted this Monday – were formulated and in which Baxter and other pharma executives participated.

◘ [Viera Scheibner – 1999-06-16 Hearings on Hepatitis B vaccine]

Polio has not been eradicated by vaccination, it is lurking behind a redefinition and new diagnostic names like viral or aseptic meningitis. When the first, injectable, polio vaccine was tested on some 1.8 million children in the United States in 1954, within 9 days there was huge epidemic of paralytic polio in the vaccinated and some of their parents and other contacts. The US Surgeon General discontinued the trial for 2 weeks. The vaccinators then put their heads together and came back with a new definition of poliomyelitis. The old, classical, definition: a disease with residual paralysis which resolves within 60 days has been changed to a disease with residual paralysis which persists for more than 60 days. Knowing the reality of polio disease, this nifty but dishonest administrative move excluded more than 90% of polio cases from the definition of polio. Ever since then, when a polio-vaccinated person gets polio, it will not be diagnosed as polio, it will be diagnosed as viral or aseptic meningitis. According to one of the 1997 issues of the MMWR, there are some 30,000 to 50,000 cases of viral meningitis per year in the United States alone. That's where all those 30,000 - 50,000 cases of polio disappeared after the introduction of mass vaccination. One must also be aware

that polio is a man-made disease since those well-publicized outbreaks are misrepresented that those huge outbreaks were causally linked to intensified diphtheria and other vaccinations at the relevant time. They even have a name for it: provocation poliomyelitis.

◘ [Guylaine Lanctôt - 1996 Dr Buchwald testimony]
Dr. Buchwald testimony before the Quebec College of Physicians Medical Board

Dr. Lanctôt resumes her questioning of Dr. Buchwald on the subject of polio vaccinations.
Dr. Buchwald responds that prior to the introduction of polio vaccinations in Germany, anyone was counted as having polio, even if they only had the virus in their feces. It is known, he goes on, that there are people who are healthy but who evacuate polio viruses when they go to the bathroom. Based on this criteria, the number of cases was approximately 4,000 per year. After the introduction of the vaccine, statistics included only those polio cases of people who were paralyzed for at least six weeks.

L.: If I understand you correctly, before, everyone was counted, those with polio in their feces as well as those sick with polio, and that totaled 4,000. When they started the polio vaccination, they only counted those people who had been paralyzed for at least six weeks, is this right?
B.: Yes.
L.: So, this is how statistics improved from 4,000 to 400?
B.: Yes, exactly ...
L.: Okay, that's what I understood. When you say they changed the way the calculations were done, who were "they"? Was this a medical or a political decision?
B.: It is always the same group that decides ... the World Health Organization (WHO).

◘ [Jon Rappoport – 2006-02 Vaccine Dangers and Vested Interests]

Q: How are statistics falsely presented?
A: There are many ways. For example, suppose that 25 people who have received the hepatitis B vaccine come down with hepatitis. Well, hep B is a liver disease. But you can call liver disease many things. You can change the diagnosis. Then you've concealed the root cause of the problem.
Q: And that happens?
A: All the time.

◘ [JudicialWatch – 2008-06-30 'Examining the FDA's HPV Vaccine Records']

[Page 7] An additional testing report shows that Merck tested Gardasil against an aluminum-containing placebo. While most placebos are saline based, the FDA allowed Merck to use a placebo with an undisclosed amount of aluminum in it. Gardasil itself contains 225 mcg of aluminum. Aluminum can cause many serious problems including temporary and permanent nerve damage. Using a reactive aluminum-containing placebo instead of a non-reactive saline base can make vaccines seem safer than they may actually be. While Merck has repeatedly stated that Gardasil is on a comparable safety rate with the placebo, if the placebo itself is responsible for adverse effects then it is more difficult to ascertain the vaccine's safety. Merck's testing report shows charts of clinical tests, and compares Gardasil with the aluminum-containing placebo.

[Page 8] It is true that the adverse reaction rates are comparable in most of the tests, but since the vaccine is being tested against a reactive, potentially harmful substance, the numbers may overstate the vaccine's safety and understate its adverse side-effects. There is only one table in the entire report that compares the vaccine not only with the aluminumcontaining placebo but also with one that is saline based:21

This chart only records adverse experiences at injection site and therefore does not shed much light on the overall safety and effectiveness of the vaccine. However, there are profound differences between the numbers of adverse effects in Gardasil and the saline placebo. Again, one can see that the numbers are similar between the vaccine and the aluminum placebo, but the saline-based placebo has far fewer reported adverse effects. The chart shows that while 83.9% of patients experienced pain after injection with Gardasil, and 75.4% after receiving the aluminum-based placebo, only 48.6% of patients experienced pain when receiving the saline-based placebo. The chart shows 25.4% of people experienced swelling after receiving Gardasil, and 15.8% did after receiving the aluminum placebo. Only 7.3% of patients receiving the saline placebo experienced swelling.

The significant differences between the saline placebo and the vaccine raise questions as to how Merck's use of an aluminum-containing placebo may have affected the safety trials. The National Vaccine Information Center reports that "A reactive placebo can artificially increase the appearance of safety of an experimental drug or vaccine in a clinical trial," adding that "although aluminum adjuvants have been used in vaccines for decades, they were never tested for safety in clinical trials."23 It is difficult to draw an accurate conclusion from Merck's data, raising questions about Gardasil vaccine safety.

◘ [Doug Henderson and Gary Null – 2009-10-21 The Pharmaceutical Industrial Complex – A Deadly Fairy Tale]

Every American who is prescribed a drug by a physician has the belief that that pill has undergone rigorous trials to scrutinize its safety. And when there are known potential adverse effects, we blindly assume these are known to the attending physician. However, this is a myth perpetuated not only by drug makers, but by our own federal health agencies. A 2003 investigation published in The Independent in the UK reported that "under pressure from the pharmaceutical industry, the FDA routinely conceals information it considers commercially sensitive, leaving medical specialists unable to assess the true risks [of approved drugs]."

◘ [Teresa Forcades i Vila – 2009-11-09 VIDEO – Bell Tolling for the Swine Flu (transcript)] [Teresa Forcades i Vila – 2009-11-13 A Nun speaks out on the H1N1 Pandemic: The WHO changed the official definition of a pandemic]

On the 29 April, 2009, 12 days after the detection of the first cases of the swine flu, Dr. Margaret Chan, Director General of the WHO, declared that the level of alert because of the danger of pandemic was phase 5 (on a scale 1-6) and ordered all governments of the member states of the WHO to activate emergency plans and maximum health alert. A month and a half later, on June 11, 2009, Dr. Chan declared that the A/H1N1 S-OIV pandemic was a reality (phase 6). How could she declare a pandemic if according to the scientific data exposed above, the swine flu is milder than the seasonal flu, and the A/H1N1 is not a new virus but only a new strain of a very well known virus that a subset of the population recognizes immunologically?

Declaring a pandemic was possible despite these circumstances because in early May, the WHO had changed its definition of what a pandemic is. Prior to May, 2009, the definition of pandemic took into account the severity of the disease, which is the most relevant aspect with regard to the clinical and the political handling of a pandemic. However, this requirement was eliminated from the definition in May, 2009.

WHO is an international organization that normally issues recommendations … then it is assumed that each sovereign country applies or not the recommendations following its own criteria, its own circumstances, and well, its own internal research. In 2005 this changed, allowing an exception precisely in case of a pandemic. This means that in case of a pandemic WHO doesn't make

recommendations, it gives orders that override the sovereignty of member countries. In the context of a pandemic, it is possible to require mandatory vaccination of a given segment of the people or even of the whole population . What can happen to a person who decides not to accept the vaccination? As long as it has not been decreed that the vaccination is mandatory, he/she is free to do so: but if the vaccination is decreed mandatory, then the State has the obligation to enforce the law by imposing a fine or a term in prison.

[Marti Oakley – 2009-07-30 Refusing vaccination labels you a “criminal”, so says WHO]

From the WHO 2005 declaration: (excerpted) “Under special pandemic plans enacted around the world including the USA, in 2005, national governments are to be dissolved in the event of a pandemic emergency and replaced by special crisis committees, which take charge of the health and security infrastructure of a country, and which are answerable to the WHO and EU in Europe and to the WHO and UN in North America.”

[Jane Burgermeister – WHO moves forward in secrecy to accomplish forced vaccination and population agenda]

Under the International Health Regulations, WHO guidelines have a binding character on all of WHO’s 194 signatory countries in the event of a pandemic emergency of the kind anticipated this autumn when the second more lethal wave of the H1N1 virus — which is bioengineered to resemble the Spanish flu virus — emerges. (…)

Under special pandemic plans enacted around the world including the USA, in 2005, national governments are to be dissolved in the event of a pandemic emergency and replaced by special crisis committees, which take charge of the health and security infrastructure of a country, and which are answerable to the WHO and EU in Europe and to the WHO and UN in North America. If the Model Emergency Health Powers Act is implemented on the instructions of WHO, it will be a criminal offence for Americans to refuse the vaccine.

◘ [Laura Ruede – 1999-07-21 A Bibliographic Essay]

The precedence of profit and reputation over health was amply enough demonstrated when, as a Swine influenza pandemic supposedly loomed in the late 1970s, U.S. government personnel initially resisted industry pressures for federal government protection against liability for the pending Swine Flu vaccine. Political concerns surfaced during this period as key bureaucrats and scientists strove to appear concerned, decisive, swift, and justified in their actions:

"A public official might not only feel an obligation to protect the health of the people but might also suspect that a wrong decision on such an important issue might cost him his job. If he failed to act and an influenza pandemic did appear, might he not be indicted for negligence or stupidity? Far better to act positively, and run the lesser risk that if a pandemic failed to come, he could only be accused of wasting taxpayers' money … the influenza virologist, normally confined to his narrow circle of fellow specialists … must have felt a secret thrill of anticipation at seeing his subject in the forefront ... the specialist in preventive medicine and public health would have been less than human not to feel a certain elation at the prospect of showing, in so significant a fashion, what disease control and epidemiology were capable of doing … [sic!]
(p. 33, Pure Politics, cited below)."

The different pressures converging, industry and government pushed through a national immunization program allotting financial protection to the pharmaceutical industry, and legislative backing to government scientists and bureaucrats. Though one school of thought had held that the

hastily-concocted Swine Flu vaccine should not automatically be given, but should be stockpiled in case of a serious flu epidemic, the winning side pushed for immediate, country-wide vaccination. The result has been infamous ever since, as not only did the pandemic not appear, but many vaccinees contracted Guillain-Barre Syndrome, a body-wide autoimmune paralysis. Some of the vaccinees died from Guillain-Barre, and some from the vaccine itself (Arthur M. Silverstein, Pure Politics and Impure Science: The Swine Flu Affair, Johns Hopkins University Press, 1981).

In 1986 the [USA] federal government responded to further pressure from the pharmaceutical industry, which threatened to cease production of vaccines if it was not granted federal protection against liability suits. Responsibility for vaccine-related deaths and injuries was therewith globally assumed by the U.S. government through the Childhood Vaccine Injury Act. The pharmaceutical industry had already demonstrated a preoccupation with its financial well-being in the Swine Flu affair of the 1970s; through the 1986 Act, the government created for itself a flagrant conflict of interest wherein public monies are used to refute citizens' claims of damage by government-mandated vaccines.

◘ [Viera Scheibner – 1998-08 Shaken Baby Syndrome]

Parents, usually the fathers, or other care-givers such as nannies have increasingly been accused of shaking a baby to the point of causing permanent brain damage and death. (…) A close study of the history of these cases revealed something distinctly sinister: in every single case, the symptoms appeared shortly after the baby's vaccinations. While investigating the personal medical history of these babies based on the care-giver's diaries and medical records, I quickly established that these babies were given one or more of the series of so-called routine shots –hepatitis B, DPT (diphtheria, pertussis, tetanus), polio and HIB (Haemophilus influenzae type B – shortly before they developed symptoms of illness resulting in serious brain damage or death. (…) The usual scenario is that a baby is born and does well initially. At the usual age of about two months it is administered the first series of vaccines as above. (Sometimes a hepatitis B injection is given shortly after birth while the mother and child are still in hospital. However, a great number of babies now die within days or within two to four weeks of birth after hepatitis B vaccination, as documented by the records of the VAERS [Vaccine Adverse Event Reporting System in the USA.) So, the baby stops progressing, starts deteriorating, and usually develops signs of respiratory tract infection. Then comes the second and third injections, and tragedy strikes: the child may cry intensely and inconsolably, may stop feeding properly, vomit, have difficulty swallowing, become irritable, stop sleeping, and may develop convulsions with accelerating progressive deterioration of its condition and mainly its brain function.

This deterioration may be fast, or may slowly inch in until the parents notice that some-thing is very wrong with their child and then rush it to the doctor or hospital. Interestingly, they are invariably asked when the baby was immunised. On learning that the baby was indeed "immunised", the parents may be reassured that its symptoms will all clear up. They are sent home with the advice, "Give your baby Panadol". If they persist in considering the baby's reaction serious, they may be labelled as anxious parents or trouble-makers. So the parents go home, and the child remains in a serious condition or dies.

Until recently, the vaccine death would have just been labelled "sudden infant death", particularly if the symptoms and pathological findings were minimal. However, nowadays, with an alarmingly increasing frequency, the parents (or at least one of them, usually the father) may be accused of shaking the baby to death. The accused may even "confess" to shaking the baby, giving the reason, for example, that having found the baby lying still and not breathing an/or with a glazed look in its eyes, they shook it gently – as is only natural – in their attempt to revive it. Sometimes, ironically, they save the baby's life, only to be accused of causing the internal injuries that made the baby stop

breathing in the first place, and which in fact were already present when they shook the baby to revive it.

No matter what the parents say or do, everything is construed against them. If they are crying and emotional, they will be accused of showing signs of guilt. If they manage to remain composed and unemotional, they will be called calculating and controlling – and guilty because of that.

In another scenario the distraught parents try to describe the symptoms to an attending doctor in hospital or a surgery but are totally at a loss to understand what has happened to their baby. To their shock and dismay, they later discover that while they were describing the observed symptoms, the doctor or another staff member was writing three ominous words in the medical record: shaken baby syndrome.

Many of these parents end up indicted and even sentenced to prison for a crime that somebody else committed. Some of these cases have been resolved by acquittal on appeal or have been won based on expert reports demonstrating vaccines as the cause of the observed injuries or death. However, only God and a good lawyer can help those parents or care-givers who happen to be uneducated, or have a criminal record, particularly for violence, or have a previous history of a similar "unexplained" death of a baby in their care, or, worse still, a vaccine-injured baby with a broken arm or fractured skull. More and more often, the unfortunate parents are given the option of a "deal": if they confess and/or plead guilty, they will get only a couple of years in prison; but if they don't, they may end up getting 20 years.

I was told by a social worker in the United States that many foster parents are rotting in US prisons. First, they are forced to vaccinate their charges [children?], and then, when side effects or death occur, they are accused of causing them.

Inevitably the possibility exists that infanticide or child abuse is involved in some of the cases. However, there is no determinable reason why so many parents or other care-givers would suddenly begin to behave like this. It is incredibly insensitive and callous to immediately suspect and accuse the distraught, innocent parents of harming their own baby.

[Viera Scheibner - 2001-08 Shaken Baby Syndrome Diagnosis On Shaky Ground]

“An epidemic of accusations against parents and baby sitters of Shaken Baby Syndrome is sweeping the developed world. The United States and the United Kingdom are in the forefront of such questionable practice. Brain (mainly subdural, less often subarachnoid) and retinal haemorrhages, retinal detachments, and rib and other bone ‘fractures’ are considered pathognomic. However, the reality of these injuries is very different and well documented: the vast majority occur after the administration of childhood vaccines and a minority of cases are due to documented birth injuries and pre-eclamptic and eclamptic states of the mothers. (…) A great number of parents and other carers are being accused of shaking their small babies and causing grievous bodily harm and death. (…) Nobody seems to listen to the carers’ stories, which are remarkably similar in the lack of evidence of any trauma and in that they are at a loss to understand what happened to their precious babies. Even though the administration of vaccines is recorded, their possible role in the observed injuries is not considered or is deliberately ignored. (…) The most worrying element in this misplaced eagerness to ‘protect’ babies against abuse, is the ignorance of the medical ‘experts’ who adamantly, and under oath in court, will testify that there is no evidence (published or otherwise) or "no reputable evidence" that the observed injuries, considered pathognomic of SBS, have other, viable, non-traumatic, causes. In our joint experience, such experts adamantly reject any suggestion that the administered vaccines had anything to do with the observed injuries. (…) I have also

witnessed the ‘experts’ admitting that, of course, vaccines are not 100% safe or effective and can cause injuries, but not in the case under scrutiny! (…)

Conclusions:

- The above brief review of the perceived benchmark publications dealing with issues directly related to the diagnosis of Shaken Baby Syndrome, demonstrates that the SBS diagnosis is on very shaky ground indeed. The pathology, considered currently to be foolproof evidence of inflicted trauma, may be caused by inductions and other birth injuries, temporary increased fragility of the bones due to acute scurvy caused by the toxic effect of vaccines and the observed brain and retinal haemorrhages may also be a result of vascular injuries due to the toxic effect of the administered vaccines. Indeed, the only documented facts in the vast majority of cases of SBS are the administered routine vaccines while the evidence of any shaking, other than slight shaking as part of resuscitation efforts by the carers who found the affected infants in distress, is missing.
- There are more plausible mechanisms than shaking which explain the increased bleeding tendency without the standard tests revealing the usual blood clotting disorder due to low platelet count. Hans Selye (16) postulated the presence of liquid unclotting blood due to decreased viscosity of blood as one of the characteristics of the second stage of his non-specific stress syndrome which is caused by the stress dynamics of retention of water rather than changed platelet count.
- Indeed, shaking is the most unlikely cause of such injuries.
- The practice of accusing innocent carers of injuring vaccine-damaged children should cease forthwith.
- All past cases of SBS should be revised and the victims released from prison and compensated for their mental suffering, financial losses and emotional trauma.
- The practice of administering toxic substances such as vaccines should be looked into and there must be an independent inquiry, which should include the critics of vaccines, and which should investigate vaccines’ questionable prophylactic value and proven dangers.
- And last but not least: the unjustifiable accusations of innocent parties and victimization of the vaccine victims should serve as a serious warning about the shortcomings of the western medical and legal systems and their susceptibility to serious errors.”

[Viera Scheibner – Comments on Japanese SIDS Rebuttal]

“In fact, the pertussis vaccine is as a rule used to induce encephalomyelitis in laboratory animals (Steinman et al. 1982) and when these unfortunate animals develop encephalomyelitis, as expected, and intended, it is never considered just coincidentally temporally related to the administration of the pertussis vaccines, or a result of some Shaken Rat Syndrome inflicted by laboratory staff: it is only when the same vaccine causes the same reactions in babies, it is as a rule considered coincidental and only temporally related or a result of Shaken Baby Syndrome inflicted on them by their parents or other carers. Kirschner and Stein (1985) called this hostile attitude of medical staff a form of medical abuse.”

[Viera Scheibner – Vaccinations: Part 1 – Medical Research On SIDS And Epidemics]

“Only about ten days ago I was in the United States at a court case testifying about shaken baby syndrome. These are often vaccine deaths. This information was published in Nexus, Aug/Sep Issue, 1998 which resulted in cases of shaken baby syndrome being thrown out of court.”

◘ [Viera Scheibner and Leif Karlsson – 1991 Cot death and vaccines]
(…) it is a public secret that many medical doctors do not vaccinate their own children. This extraordinary fact is reported in DPT –A Shot in The Dark, by H.C. Coulter & B.L. Fisher. These authors also report that most gynaecologists in the USA refused to be injected with Rubella vaccine. Were they afraid of the side-effects, whilst routinely recommending the procedure for women of childbearing age?

◘ De kwestie van de 'mock-up' vaccins.

Deze kwestie is hierboven in punt 2-l blz. 52 en 53 beschreven. Ik herhaal mijn commentaar hierop:

Instanties, die vaccins, die middels de 'mock-up' procedure 'getest en veilig bevonden' zijn,
- **adverteren als zijnde getest en veilig bevonden;**
- **verkopen als zijnde getest en veilig bevonden;**
- **in hun voorlichting aan het publiek omschrijven als zijnde getest en veilig bevonden; en**
- **toedienen aan personen, als zijnde getest en veilig bevonden;**

maken zich in ons land mogelijk schuldig aan wettelijk verboden handelingen.

◘ Vaccinatie uitdaging van Dr. Viera Scheibner
<http://www.vaccination.inoz.com/vaccchallenge.html>

Viera Scheibner: "The Medical Observer in Australia published my response to an attack by a fanatical pro-vaccinator in which I challenged him to go on television, allow himself to be injected with the baby vaccines adjusted to his body weight by a doctor of my choice and in my presence. We haven't heard from him. I think that this is a reasonable request to be issued to all vaccinators."

Vaccination Challenge

This letter by Dr Viera Scheibner, Principle Research Scientist (Rtd) and now prominent public campaigner, was sent to and published in the Medical Observer, an Australian medical newspaper, in February 1999.

1999 Medical Observer Pty Ltd – Level 2, 100 Bay Road – Waverton, NSW 2060

19 February 1999

Dear Editor,

SIMON CHAPMAN TO TAKE HIS OWN MEDICINE

On February 19, 1999, the Medical Observer published an article by Simon Chapman, in which he issued a challenge to the anti-vaccination movement in Australia.

My response to his provocative article is as follows:

If vaccines are such a blessing I challenge Simon Chapman to appear on television and allow himself to be injected with all baby vaccines, adjusted to his body weight by a doctor of my choice and in my presence.

The vaccines to be administered to Simon are as follows:

- DtaP: 3 doses within 4 months
- Hib (any conjugates): 3 doses within 4 months
- OPV or IPV: 3 doses within 4 months
- Hep B: 3 doses within 1 month of each other.

The time of the first dose represents month 0.

There isn't a better way to demonstrate to us that vaccines are safe and effective than by Simon taking his own medicine.

After every lot of vaccines an independent medical doctor and myself would assess Simon's reactions and the general state of health. Long-term reactions will be followed up for 3 years.

If you do not publish my letter and/or Simon does not agree to this easy and safe demonstration, then it will show us all that vaccinators are dishonest and are afraid of their own medicine. In other words: put up or shut up.

I will publicise this proposition and your response on the Internet to ensure that my response to Simon's challenge is widely known.

Yours very sincerely,
Viera Scheibner Ph.D

[Commentaar van de INOZ website: "Simon Chapman has been pretty quiet since this challenge and still is at the end of 2003. We issue the same challenge to all others in trusted positions of "authority" who actively promote the injection of these substances into humans, or indeed any other living creature."]

◘ [Shirley's Wellness – Vaccinations, Deception and Tragedy – Part 1]

December 16, 2002 – Health and Human Services Secretary Tommy G. Thompson said he does not plan to be inoculated with the smallpox vaccine, and he recommends that other Cabinet members not request the inoculation either.

SCHENDING VAN DE UNIVERSELE RECHTEN VAN DE MENS MET BETREKKING TOT VACCINATIE AANGELEGENHEDEN

a) **Citaten uit 'Horrors of Vaccination Exposed'.** Petitie van Chas M. Higgens aan President Woodrow Wilson van de USA om de verplichte vaccinatie in het leger en de marine af te schaffen. [Chas Higgens - 1920 Horrors of Vaccination Exposed] (zie digitale bijlage op DVD) Mercola: http://www.drcarley.com/Horrers_of_Vaccination_Exposed.pdf

   "Compulsory Vaccination is an instance of law which inflicts actual disease and possible death on the human body and propagates and disseminates deadly infections widely on animals and mankind. This is surely a glaring instance of law wich is not based on Wisdom or Sanity and is a Menace to the Health and Security of Humanity and the State."

   [Hij citeert] "It is unwise for the physician to force the operation upon those who are unwilling, or to give assurances of absolute harmlessness." Dr. Osler's 'Modern Medicine', 1913,Vol. 1, Page 848.

[Hij citeert] “Against the body of a healthy man Parliament has no right of assault whatever, under pretence of the public health.” Professor F.W. Newman, of Oxford.

[Hij citeert] “ Vaccination is a delusion, its penal enforcement a crime.”
Professor Alfred Russel Wallace, in the ‘Wonderful Century’, 1899.

“[Hij citeert] “All men are endowed by their Creator by certain unalienable rights, among which are Life, Liberty and the pursuit of Happiness.” Declaration of Independence, 1776, more properly called Declaration of Rights.

“When have our State or our National Governments obtained the right to force any medical remedy or operation upon citizens against their will and consent? Where have these governments obtained the right or power to force an infectious and deadly disease upon the human body in defiance of the will and the right of the citizen? Have the people ever given up their most sacred essential and unalienable right to the sanctity and security of their own bodies and to their free choice and selection in the medical treatment of their bodies? This is surely one of the great “unalienable”, “reserved” and “retained” rights which the people have never given up to any government and which the Legislature and police power has no right to invade.”

“From these decisions [van rechters in bepaalde rechtzaken] it would seem to be obvious that it cannot be made a crime to refuse a medical operation to which the patient does not consent or approve, and which is dangerous to health or life, and that this is the “sphere”, as stated by the US Supreme Court, “within which the individual may assert the suppremacy of his own will and rightfully dispute the authority of any human government … to interfere with the exercise of that will.” And furthermore, this “sphere” surely means the “Unalienable rights” of the people asserted in the Declaration and the “reserved” rights and powers retained by the people as expressed in articles IX and X of the Constitution.”

“[Hij citeert] “I have sworn upon the altar of God, eternal hostility against every tyranny over the mind of man.” Thomas Jefferson, author of Declaration of Independence, to Benjamin Rush, signer of the Declaration.

“The right of the individual to select any preferred system of medical treatment, whether with or without prayer and faith, with or without drugs and medicines, or with or without vaccines or serums, and the right to accept or refuse any medical remedy or operation, is surely a clear inherent and reserved right, under our basic American Charters of Rights and Liberties, and cannot legally or morally be denied, but must be respected, defended and enforced by all Governments. Indeed our first and basic Charter – the Declaration of Rights – clearly and emphatically asserts that the essential purpose of Government is to secure these unalienable rights of the individual. Jefferson taught that Liberty, in all essential needs, is not a “privilege” granted by Government, but an inherent right possessed by all men, and naturally or divinely conferred upon them; hence the chief function of Governments is to secure and enforce these human rights, not to invade or violate them to satisfy medical dogmas or other oppressive, dangerous, and illegal theories.”

“All Compulsory Vaccination should be abolished as being illegal and unconstitutional and more dangerous to public health and human life than natural disease, and therefore a medical outrage and crime upon the people. The Declaration of Rights distinctly asserts that: “Whenever any form of government becomes destructive of these ends, it is the right of the people to alter or to abolish it.” The “ends” here referred to are the natural “unalienable” and “reserved” rights of the people, which are grossly violated by Compulsory Vaccination, and it is therefore the moral,

legal and constitutional right of the people to demand the abolishment of this medical evil of compulsory disease which obviously violates their most sacred and essential personal rights, viz.: Sanctity of Body, Medical Liberty and Choice, Health and Life."

Het voorwoord van zijn petitie sluit hij dan af met de tekst van een wetsvoorstel ter afschaffing van verplichte vaccinatie: "No form of vaccination or inoculation shall be compulsory on any person or be made a condition for the exercise of any right, privilege or duty, of any person."

Dan beschrijft hij in zijn 212+ bladzijden tellende petitie de gruwelen van vaccinatie. Op de achterzijde van het boekwerk staan de volgende "Americanisms":
"Medical Freedom is an Unalienable American Right."
"Medical Compulsion, like Religious Compulsion, is Un-American and Must Be Abolished."
"No Government Without Consent of the Governed."
"No Medication Without Consent of the Patient."
"No Compulsory Vaccination."
"No Compulsory Infliction of Disease."

U zult reeds begrepen hebben dat ik het met geheel mijn hart eens ben met deze opvattingen. Het idee om deze brief aan U te schrijven werd geboren met de gongslag van het ontvangen van de online-petitie 'The Universal Declaration Of Resistance To Mandatory Vaccinations' van de Vaccine Resistance Movement in de USA' (zie digitale bijlage op DVD). Ik ontving het eind juni 2009 en, onbewust van de treffende coïncidentie, tekende ik de petitie op 1 juli, onze 'Dag der Vrijheden'. Vanaf toen eisten de internationale ontwikkelingen aangaande de A/H1N1 varkensgriep mijn volle aandacht op.

b) Viera Scheibner over verplichte vacinatie in de USA.
[Viera Scheibner – 1999-06-16 Hearings on Hepatitis B vaccine] (zie digitale bijlage op DVD)
"Mandatory vaccination in the USA is indeed an arrogant insult to the American Constitution, freedom of choice and to just plain human decency and represents medical tyranny. It must be discontinued if the U.S. wants to continue claiming to be the guarantor of freedom for all and from all forms of tyranny. Charity starts at home."

c) A Preliminary Injunction to stop mandatory vaccinations has been issued in the United States District Court of New Jersey. [Robert Young – 2009-09-29 30 years after compulsory vaccination became US Law] (zie digitale bijlage op DVD)

Het volgend artikel '30 years after compulsory vaccination became US Law' – dat betrekking heeft op de vaccinatie tegen de A/H1N1 varkensgriep is geschreven door Robert O. Young, Ph.D., D.Sc. – September 29, 2009

A Preliminary Injunction to stop mandatory vaccinations has been issued in the United States District Court of New Jersey. This comes after a federal lawsuit opposing forced vaccines was filed in that court by Tim Vawter, pro se attorney, on July 31st with the federal government as defendant. When the judge signs the Preliminary Injunction, it will stop the federal government from forcing anyone in any state to take flu vaccine against their will. It will also prevent a state or local government from forcibly vaccinating anyone, and forbid any person who is not vaccinated from being denied any services or constitutional rights.

Vawter's filings included a Complaint, and several pages of evidentiary Exhibits. Vawter's legal papers have been written not only for filing in federal court, but additionally so they can be

looked at by activists around the world for ideas on filing lawsuits in their own countries to help stop forced vaccinations.

Vawter believes that as the truth of the dangers of flu vaccines continues to become known, banning the forced use of them will eventually succeed on a worldwide basis. He cautions people to avoid fear and keep themselves focused on the task of blocking forced vaccination. Preliminary Injunction will immediately halt mandatory vaccinations in the U.S.

The Court, having heard the Motion for Preliminary Injunction and read the papers in its support, states in the Preliminary Injunction that it appears the federal government has engaged in some amount of negligence with regards to failure to properly investigate the safety of the flu vaccines scheduled for use in late 2009-2010, and the evidence submitted does warrant a more thorough investigation into the safety of the flu vaccines.

The Court ordered that the government shall be forbidden from forcing any person to be required to take any influenza vaccination against that person's free will and free choice. The government will not allow any state or local government, or any party, to force any person to be required to take any influenza vaccination against that person's free will and free choice.

U.S. GOVERNMENT SUED FOR GROSS NEGLIGENCE AND VIOLATION OF THE CONSTITUTION

In his Cause of Action, Vawter charged that the federal government has engaged in gross negligence by funding and promoting flu vaccines that are proven to be dangerous and manufactured with little oversight. The vaccines scheduled for use in late 2009 and 2010 contain heavy metals including thimerosal mercury, which have been proven to cause autism in children with lowered immune systems, and other dangerous and toxic ingredients.

The federal government has stated it will force these flu vaccines onto the American public against their will, under a document signed by Health and Human Services Secretary Kathleen Sebelius. He further charged that the vaccine makers stand to earn billions of dollars selling vaccines, and are already spending tens of millions advertising a "Phase 6 Pandemic" that the evidence shows does not really exist.

The federal government has not required the World Health Organization (WHO) to show evidence of such a pandemic. There has been no collection of facts, sworn testimony, witnesses being questioned, hearings being held, or lie detector tests being given when preposterous statements have been made. The WHO declared a massive "Phase 6 Influenza Pandemic", even though only a few hundred people worldwide had so far died of this swine flu virus, and when far more people die each year of regular flu. Vawter noted there is a preponderance of evidence to show that the federal government so poorly trained its employees that they eagerly agreed with the unsubstantiated claims of the WHO in the face of evidence to the contrary.

Forced vaccination would violate the Fourth Amendment of the Constitution by allowing the government to enter homes and force people to be vaccinated, or to forcibly remove people to another location for vaccination. It would also violate Fifth Amendment Constitutional rights by depriving people of liberty without due process of law.

Vawter charged that the federal government has engaged in gross negligence by failing to properly investigate factual evidence submitted by esteemed medical professions over many years which proves flu vaccines have caused serious damage to people.

The CDC has stated that thimerosal mercury is being used in the new flu vaccines being prepared.

The government has failed to investigate profiteering … Billions of dollars in vaccine sales can cause organizations to falsify threats so as to cause unwarranted public hysteria leading to forced vaccinations.

The government is guilty of gross negligence because its employees failed to properly investigate the release of a case of live swine flu virus. One of the main companies the government deals with, Baxter Vaccines, was apparently involved in the transporting of live bird flu virus that was released on a public train earlier this year. A lab technician with the Swiss National Center for Influenza in Geneva had traveled to Zurich to collect eight ampoules, five of which were filled with the H1N1 swine flu virus. However, failure of the dry ice in their container allowed pressure to build up, and the ampoules exploded as the train was pulling into a station.

The highly reputable UK newspaper "the Telegraph" reported on July 2nd that flu vaccines tested on homeless people caused twenty-one of them to die.

Vawter charged there is a preponderance of evidence to show that government will not provide people being vaccinated with a list of the vaccine ingredients and possible negative side effects before they are vaccinated. Most of the public will not know this flu vaccine contains thimerosal mercury.

Vawter submitted an Order to force the government to publish vaccine ingredients and side effects, and to give this information to everyone who takes a flu vaccine, and do so at least 3 days prior to their vaccination. A denial of this order would violate Plaintiff's rights to demand the government obey the First Amendment of the U.S. Constitution by requiring it to engage in freedom of speech. The First Amendment not only allows a citizen to have freedom of speech himself, but it allows a citizen to demand his government engage in freedom of speech when it is promoting the use of such as these vaccinations to the public.

The government proclamation stating a person cannot sue for any damages he receives from the flu vaccine, completely bypasses the congress and the court system in violation of the Seventh Amendment of the Constitution which grants the right to sue to recover for damages.

Vawter submitted an Order to deem unconstitutional any proclamation, rule or similar law that forbids people from suing for damages resulting from the vaccines of 2009 and 2010.

d) 'Stop the Shot' Campaign Against H1N1 Vaccine Hits Federal and State Courts. <http://www.theoneclickgroup.co.uk/news.php?start=2940&end=2960&view=yes&id=3895#newspost> The National Law Journal – October14, 2009 – Geschreven door Tresa Baldas.

A "stop the shot" campaign has hit federal and state courts. This past Friday, a group of New York doctors and health care workers asked a federal judge in Washington, D.C., to order the federal government not to distribute the H1N1 vaccine. Specifically, they're challenging the legality of the licensing of the swine flu vaccine, alleging it was approved too quickly without appropriate testing for safety and effectiveness.

Furthermore, the plaintiffs, who filed their suit in the U.S. District Court in the District of Columbia, are seeking an immediate court order to halt mandated H1N1 flu shots in New York

state. New York has ordered that all health care workers receive the H1N1 vaccine or risk losing their jobs.

That mandate is also facing a legal challenge in New York state trial court in Manhattan, where a lawsuit on behalf of 60,000 state health care workers has been filed against the state health commissioner to halt the required flu shots. The state has vowed a fight.

A similar lawsuit has been filed in the state of Washington, where the Washington State Nurses Association is suing a multifacility health care provider over a policy requiring nurses to get vaccinated for both the seasonal and swine flu.

"They don't want to be forced to take it. They know that it could be flawed," said Leslie Fourton, a New York solo practitioner who is one of several lawyers representing plaintiffs in the federal lawsuit in Washington.

Those plaintiffs include a medical doctor who believes the vaccine is harmful, a nurse who has had adverse reactions to prior flu vaccines, a pregnant nurse's aide who fears the vaccine could harm her unborn child, and a student who has classes in health care settings and is citing religious reasons for not taking the vaccine.

The plaintiffs also fear they'll be fired for not taking the vaccine, said Ralph Fucetola, a New Jersey lawyer working on the case. "They don't want to risk their jobs by not taking it. But these people literally are going to lose their livelihoods if they don't," he said.

The Washington regulatory law firm of Swankin & Turner is also advising the New York health care plaintiffs.

e) Dr. Buchwald testimony before the Quebec College of Physicians Medical Board
[Guylaine Lanctôt – 1996 Dr Buchwald testimony] (zie digitale bijlage op DVD)
Dr. Buchwald getuigt voor Dr. Guylaine Lanctôt, die zich voor de Medical Board van Quebec (Canada) moet verantwoorden voor haar boek 'The Medical Mafia: How To Get Out Of It Alive & Take Back Our Health & Wealth' en de standpunten – voornamelijk m.b.t. de vaccinatie problematiek – die zij daarin ingenomen heeft.

Dr. Gerhard Buchwald takes the stand.

A physician from Germany, Dr. Buchwald testifies through an interpreter. Dr. Lanctôt tables his credentials as well as a copy of his book entitled "Vaccination: Business Based on Fear". He is recognized as an expert on vaccination by the Committee.

Dr. Buchwald testifies that his experience includes being a medical counselor to an association of parents whose children have been injured or killed by vaccinations. He adds that he is aware of a thousand vaccination related injury cases and has had personal contact with 350 cases. In 150 of these cases, he wrote the medical opinion and acted as an advisor during the legal proceedings.

Dr Lanctôt (L).: If you take this stand in your country, have you been reprimanded by the medical authorities?
B.: I wrote a paper entitled, "Vaccinations: A Crime Against our Children". I received written reprimands from the College of Physicians ... In Germany, we have a law called "Kronegesetz" in the Civil Code, which stipulates that everyone has the right to freely voice his or her opinion. When I was fed up with this nonsense with the College, I drew their attention to the fact that their responses were actually a breach of those sections of the law. German judges, who deal with

these issues, are very touchy on this issue ... It is impossible to suppress the free speech of a physician in a free country which is why the College knew that it would lose. They also knew that the press would really have a field day. Since then I've heard nothing more ...

f) **Guylaine Lanctôt ter verantwoording geroepen door de Quebec College of Physicians Medical Board.** [Guylaine Lanctôt – The Medical Mafia – How To Get Out Of It Alive & Take Back Our Health & Wealth (Interview)] (zie digitale bijlage op DVD)

De zaak van de Medical Board van Quebec tegen Guylaine Lanctôt, zoals door haar verteld tijdens een interview afgenomen door Leading Edge International, verliep als volgt.

"LE: Tell us more of your personal story dealing with the authorities, if you will.
Guylaine: Okay. I had the choice to either obey the external authorities and keep my mouth shut or obey my inner authority, which is my conscious, and speak out, which I did. So, I launched the book; then, the external authorities asked me to resign.
LE: Based on what reason?
Guylaine: The authorities make laws the way they want to. We have to realize that all legality is man-made law.
LE: But you didn't do anything that was breaking the law.
Guylaine: Well, yes. Their law says that a doctor speaking in public can only say what mainstream medicine recognizes.
LE: We didn't know that.
Guylaine: You don't hear this. People don't know this medical establishment rule. Doctors are not allowed to give alternative information to their patients.
LE: In what countries?
Guylaine: It's the same all over. It's a way to keep doctors in line.
LE: There are doctors who practice alternative health in the U.S. and who also talk about these things. We've personally heard them.
Guylaine: And they have many problems, including being harassed and persecuted. A doctor came to me right after a conference I gave. He said, "I've been persecuted. I had my license suspended and I'm under surveillance for five years."
LE: So, at a whim, the medical boards can remove your license?
Guylaine: They make the laws they want. They do their tricks.
LE: Tell us what happened to you?
Guylaine: The medical board asked me to resign and I said no. I said, "I'm not going to resign because you pretend that you protect the public, and I don't see how I am going against your rules by giving the public true information. I am protecting the public also, by informing them. Why would I resign?" I told them that if they would say publicly that they protect financiers' interests that I would resign immediately! I told them that I didn't want to be part of their organization anyhow. So, of course, they never would do what I asked them to do. They only said, "If you don't resign, we will take your license away. We will have you in a trial before the disciplinary committee and we will revoke your license." I said, "Fine," so I went to court. What I did is different than what doctors usually do, which is defend themselves. I didn't defend myself. You see, defense is attempting to prove to the other side that you're right. The medical board couldn't care less if I was right. They wanted my license. They wanted me to resign!"
"It was a court, open to the public. It was a court in a medical building. There were three judges – a lawyer as a judge, plus to doctors; then there was the lawyer of the medical board, the doctors suing me, and finally me."
"Well, it proceeded like a normal trial. They would bring their expert witnesses first. The prosecutor brings his expert witnesses in, who are all paid to say that you are dumb, stupid, and that what you say is wrong and that you shouldn't do this or that. And, the newspapers would report heavily on the prosecutor's position. They were so nervous and so angry. One doctor, as an

expert witness, said that he had been waiting for one year and kept his mouth shut, and he was so angry with me about my book that he was banging on the table once he could speak in court! He was angry about my book selling like mad and everybody knowing about it. I had come up with an explanation about vaccines in my book. The medical establishment position is that you don't explain or touch vaccines. (…)
"LE: Can you briefly complete your personal court story?
Guylaine: The court story went on until September, 1996. It lasted over a year. The last part was my testimony. Again, the authorities attempted to stop me. They stopped my testimony, so I said, 'Okay. That's over. My job is done.' My job was to put light on that institution. I said, 'It's over. Here's my resignation.' I had two pieces of paper. One was the resignation, and the other one was my declaration. So, I resigned as a submitted physician and I declared myself as a free physician.
LE: You gave them both papers?
Guylaine: Both papers. Then I left.
LE: You did this in court?
Guylaine: Yes. They said, "You can't do that." I said, "Yes, I can. I can do whatever I want."

TER OVERDENKING

◘ [Guylaine Lanctôt – The Medical Mafia – How To Get Out Of It Alive & Take Back Our Health & Wealth (Interview)]
Guylaine Lanctôt tot de Quebec College of Physicians Medical Board: "I will make a deal with you. Tell me that medicine is dogmatic, that it is a sect, with no room for thinking, which has to be blindly obeyed, and I'll tender my resignation – here and now. Tell me and it's all over!"

◘ [Guylaine Lanctot – 1996 Dr Buchwald testimony]
Dr. Buchwald testimony before the Quebec College of Physicians Medical Board.
"We physicians are the modern slaves of the pharmaceutical industry ... We depend on their pre-fabricated medications ... They are the real overlords..."

◘ [Guylaine Lanctôt – The Medical Mafia – How To Get Out Of It Alive & Take Back Our Health & Wealth (Interview)]

"We are going to change the system by realizing that we are the only authority, and this authority is not outside. It is within us. Inside we are all-powerful. We do not need security; it doesn't exist. We don't need protection. Security and protection are created out of fear. And out of fear we remain in slavery. When we move out of fear, which is an illusion created from a lack of love, and then we switch to loving ourselves, we are free. Love means freedom."
"So, we can run our own lives. We can be in charge of our own health. We can stop believing that we need external authorities, and realize that we are the authorities. We are all-powerful. We are divine in nature with no limit."
"The more conscious we are of who we are, which is a part of the Creator, or god/goddess, the better our health will be!"
"When people realize they are god/goddess, that God lives within them, you cannot dominate or exploit them anymore! People can only be kept in slavery if you make them believe they are sheep and need someone to obey other than themselves. The moment people realize they are their only authority and obey their conscious, the outside authorities no longer have control over them!"

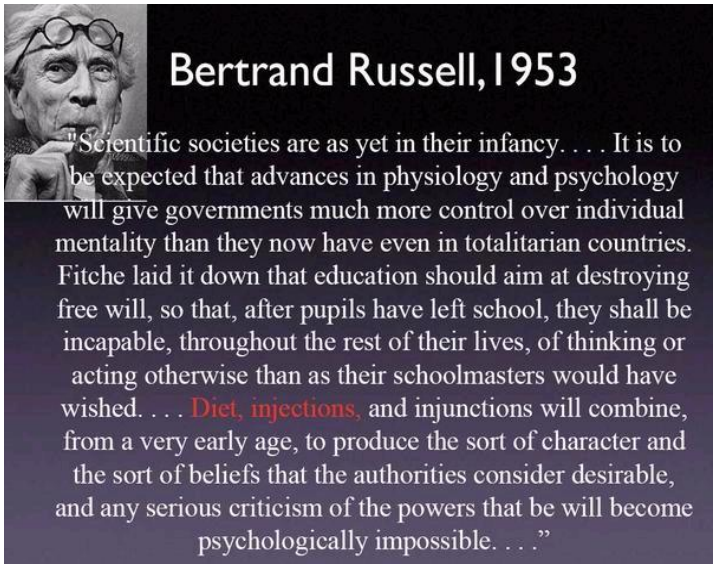
◘ [Jezus: Uit 'Een Daad van Liefde'(Maria Hillen)]

"Het woord, dat in de eeuwen door de mensen is gebezigd, is gebracht vanuit de overtuiging dat men dacht dat de mensen niet zelf hun leven in eigen hand konden nemen. Door de eeuwen heen is men ervan uitgegaan dat de mensen geleid moesten worden door andere mensen die dachten dat ze door

verschillende omstandigheden het recht hadden om de wetten voor te schrijven. Niemand die de innerlijke wetten niet kent, kan een ander mens iets voorschrijven.

Steeds is het nodig dat we ons leren richten op de innerlijke wetten. De innerlijke wetten, dat zijn de maatstaven vanwaaruit het menselijk zijn zijn weg moet vinden. Doch ik zie, vanuit mijn bewustzijn, dat de mens deze innerlijke wetten nog niet volledig kan hanteren. Daarom heb ik over de wereld krachten uitgezonden die de mensen helpen om deze innerlijk wetten in zichzelf te leren vinden. Deze wetten te leren vinden vraagt van de mens dat hij de moed heeft om geheel op eigen kracht zijn eigen leven te bezien en zijn eigen leven te besturen, zoals dat van een kind van de Vader wordt verwacht. Nog leunen de mensen te veel op elkaar. Nog leunen de mensen teveel op wetten die geen wetten zijn, maar uiterlijke vertoningen van macht. Nog leunen de mensen teveel op die macht en krijgen daardoor steeds het spel, het onevenwichtige spel van de afhankelijkheid.

Mijn leer heeft aangegeven dat de mens het midden in zichzelf moet vinden; dat de mens de krachtvelden in zichzelf in evenwicht moet brengen. Ik weet vanuit mijn bewustzijn dat hier een lange wege van lijden en leren aan voorafgaat. Ik zie dit en ik bemin de mensen in liefde, zodat ik hun kracht kan geven; de kracht kan geven om deze weg te gaan. Ik ben hen de weg voorgegaan, doch ze zagen het niet. Nu is de tijd gekomen dat men ziet, dat men leert zien hoe en met welk doel mijn weg is geweest".



◘ [Chas Higgens - 1920 Horrors of Vaccination Exposed]

"... so strong is the effect of authority, custom, and endowment, and so prone are people to save themselves the trouble of personal investigation by the simple process of accepting the decisions of 'the majority' ... When once an error is accepted by a profession corporately and endowed by Government, to uproot it becomes a herculean task." – Walter Hadwen MD [Afbeelding uit: David Ayoub, MD – [Video] Mercury, Autism and the Global Vaccine Agenda]

◘ [Shirley's Wellness – Vaccination – Deception and Tragedy (Update page)]

Mike Adams from Natural News hit it right on the nail:

There's a huge shift underway from drugs designed for sick people to a whole new class of drugs manufactured for healthy people. The new paradigm is that people need drugs before they get sick, as a sort of "protection" against sickness. Drugs, in essence, are being positioned as nutrients – things the human body needs in order to be healthy. And from the moment you're born, you're considered deficient in these drugs. That's why babies are injected with vaccines within minutes after being born. There's a strong belief in the medical industry that babies are born deficient in vaccines and that such deficiencies must be "corrected" as soon as possible.

This simple but powerful shift in the marketing strategy of Big Pharma has expanded the potential customer based from a subset of the population (people who are sick) to the entire world population. Now, everybody needs a vaccine for something say, the drug companies. All that's necessary for the financial success of these scheme is to convince sick people that they need more drugs (or vaccines),

and that's easily accomplished through disease mongering campaigns (like the current fear push over H1N1 swine flu).

There's another important shift taking place alongside the big vaccine push: A shift away from "evidence-based medicine" to a new medical paradigm of "dogmatic belief." Medicines that treat sick people, you see, have to be proven to work. There have to be clinical trials, and some percentage of those sick people (only 5% or so, typically) have to show some sort of improved response after taking the medicine. This is the so-called "gold standard" of modern medicine. But with vaccines, no proof of efficacy is required. No placebo-controlled studies need to be conducted at all. Vaccines can be openly marketed and prescribed without any evidence that they actually work.

◘ Zoals ik reeds eerder zei, geven vaccinatoren de éénzijdige visie aan de te vaccineren personen dat vaccinatie nodig is om de betreffende ziekte te voorkomen, en benadrukken de veiligheid van het vaccin. Als de gevaccineerde ernstig ziek wordt of komt te overlijden, dan is de algemene reactie dat dit het gevolg is van een andere oorzaak en niet het vaccin. **Zelfs als bewezen gevallen van ernstige ziekten of de dood als gevolg van vaccinatie aan hen worden voorgehouden, stellen zij dat het coïncidenties zijn die niet 'opwegen' tegen de ziekten of de dood van anderen als gevolg van een mogelijke epidemie, en dat alleen vaccinatie dat kan voorkomen.** Dit lichtvaardig argument hebben we vaak gehoord en het wordt met groot gemak gezegd, zonder dat de spreker zich lijkt te realiseren hoezeer die persoon c.q. functionaris daarmee onbewust een bepaald mensbeeld c.q. wereldbeeld tot uitdrukking brengt.

- Hoe wordt een ernstige ziekte of de dood van de één afgewogen tegen de gezondheid of het leven van een ander in een samenleving die hoogstaande normen en waarden en verheven principes van ethiek en moraal voorstaat? Welke humane normen en waarden en principes van ethiek en moraal rechtvaardigen dat?
- Hoe wordt een ernstige ziekte of de dood van de één afgewogen tegen de gezondheid of het leven van een ander in een samenleving waarin universele rechten en vrijheden van de mens grondwettelijk zijn vastgelegd? Welke organieke wetten regelen dat?

Als we het voornoemd argument scherper stellen, wordt daarmee niet gezegd dat zij die ernstig ziek worden als gevolg van vaccinatie of eraan sterven offers zijn die gebracht moeten worden om de gezondheid van de samenleving als geheel te redden? Voert dit ons niet terug naar voorbijgegane civilisaties waarin de machthebbers geloofden dat mensen geofferd moesten worden om de Goden gunstig te stemmen? Is de 'immuniteit van de kudde' (herd immunity) – één der hoekstenen van de vaccinatiegedachte – niet een gerationaliseerde vorm van dat bijgeloof?

DE ALTERNATIEVE WEG

De conventionele geneeskunde wordt door vaccinatoren aan het volk opgedrongen als de 'onbetwistbaar enige juiste en enige zaligmakende weg' naar gezondheid en leven voor allen. Op geen enkele wijze wordt het volk voorgehouden dat er alternatieve methoden zijn om met natuurlijke middelen het natuurlijk immuunstelsel in een optimale conditie te brengen en in een optimale conditie te houden, en om met alternatieve methoden en technieken ziekteverwekkers te bestrijden.

Natuurlijk is het zo dat de conventionele geneeskunde mogelijkheden biedt die patienten volgaarne wensen te benutten, maar de eenzijdige, arrogante en dogmatische stellingname tegen alternatieve geneeswijzen en het inzetten van dictatoriale machtsmiddelen om ze te marginaliseren, toont overduidelijk aan dat er andere belangen spelen dan het voorstaan van het algeheel welzijn in gezondheid en leven van het volk. Als wij daadwerkelijk waarlijke vrijheid en democratie in alle aspecten en geledingen voorstaan in ons land, dan hoeft het geen betoog dat er voor al het goede plaats, ruimte en ondersteuning beschikbaar is, dat samenwerkingsvormen c.q. natuurlijke vormen

van symbiose onderling wenselijk zijn, en dat het aan het volk is te bepalen waar de voorkeur van ieder voor zich naar uitgaat. Immers, alle macht berust bij het volk.

De huidige Minister van Volksgezondheid heeft enige tijd geleden een lofwaardige poging gewaagd om iets in die geest te bewerkstelligen – alhoewel het initiatief vatbaar is voor aanvullingen c.q. wijzigingen – maar daarna is er publiekelijk niets meer van vernomen. Jammer. Nochtans is het mijn mening dat het nu de tijd is om de balans tussen de geneeswijzen in ons land totstand te brengen.

a) Alternatieve methoden om het immuunstelse in een optimale conditie te brengen en te houden.

Allereerst enkele citaten van vaccin-kritici die zulks benadrukken:

- [Guylaine Lanctôt] "Vaccination encourages medical dependence and reinforces belief in the inefficiency of the body. It creates people who need permanent assistance. It replaces the confidence one has in oneself with a blind confidence in others, outside ourselves. It leads to loss of personal dignity, in addition to making us financially dependent. It draws us into the vicious circle of sickness (fear – poverty – submission) and, in this way, ensures the submission of the herd so as to better dominate and exploit it."
- [Viera Scheibner] "I am sending you my book 'Vaccination' which is based solely on the study of medical literature. Knowing all this, I reached an inevitable conclusion that we don't need any vaccines at all. There is only one immunity, natural immunity, which is achieved by going through the infectious diseases of childhood. No children at this age should die from any of these diseases: if they do, it is due to medical mismanagement."
- [Joseph Mercola] "The presumed intent of a vaccination is to help you build immunity to potentially harmful organisms that cause illness and disease. However, your body's immune system is already designed to do this in response to organisms which invade your body naturally. Your immune system is a complicated, interesting and amazing defense system which keeps you healthy and strong, protecting your body from environmental stressors. Most disease-causing organisms enter your body through the mucous membranes of your nose, mouth, pulmonary system or your digestive tract – not through an injection. These mucous membranes have their own immune system, called the IgA immune system. It is a different system from the one activated when a vaccine is injected into your body. Your IgA immune system is your body's first line of defense. Its job is to fight off invading organisms at their entry points, reducing or even eliminating the need for activation of your body's immune system. When a virus is injected into your body in a vaccine, and especially when combined with an immune adjuvant like squalene, your IgA immune system is bypassed and your body's immune system kicks into high gear in response to the vaccination. Injecting organisms into your body to provoke immunity is contrary to nature, and vaccination carries enormous potential to do serious damage to your health."
- [Viera Scheibner] "I would like to remind those who may still think the risks of vaccine injury are outweighed by the benefits from vaccines, that infectious diseases are beneficial for children by priming and maturing their immune system. These diseases also represent developmental milestones. Having measles not only results in a lifelong specific immunity to measles, but also a non-specific immunity to a host of other, more serious conditions: degenerative diseases of bone and cartilage, certain tumours, skin diseases and immunoreactive diseases (Ronne, 198511). Having mumps has been found to protect against ovarian cancer (West, 196619). So there is no need to try to prevent children from getting infectious diseases."

Een goed voorbeeld van een alternatieve methode op het fysieke vlak is hieronder door Joseph Mercola beschreven. Zo zijn er natuurlijk andere. In de 3 vermelde bestanden geeft hij hierover de volgende (samengevoegde) informatie.

[Mercola – 2009-08-04 Squalene The Swine Flu Vaccine's Dirty Little Secret Exposed]
[Mercola – 2008-11-13 What is the Real Cause of Influenza Epidemics – Vitamin D deficiency]
[Mercola – Immune System Support Supplement] (zie de digitale bijlage op DVD)

Take care of your health. The key is to keep your immune system strong by following these guidelines:

- Eliminate sugar and processed foods from your diet. Sugar consumption has an almost immediate, debilitating effect on your immune system.
- A "balanced" diet. Just as it is obvious that you differ tremendously with respect to your outward physical appearance, you also have a unique biochemistry and genetics. You process foods and utilize nutrients in a way that is unique to you. Therefore, when you adopt a diet based on your specific "nutritional type," it will help you achieve optimum health.
- Exercise. Your immune system needs good circulation in order to perform at its best for you. A comprehensive exercise program is one of the BEST strategies to improve your immune response. When you exercise, you increase your circulation and your blood flow throughout your body.
- Get plenty of good quality sleep. Just like it becomes harder for you to get your daily tasks done when you're tired, if your body is overly fatigued, your immune system could be functioning less-than-optimally.
- Deal with stress effectively. If you feel overwhelmed by stress, your body will not have the reserves it needs to fight infection. We all face some stress every day, but excess stress could have serious adverse effects on your immune system.
- Wash your hands. Washing your hands is key to helping your immune system to function at its best. Be sure you don't use antibacterial soap for this. Antibacterial soaps are completely unnecessary, and they cause far more harm than good. Instead, identify a simple chemical-free soap that you can switch your family to.

Mercola adviseert om de volgende voedingsupplementen te gebruiken, die natuurlijke (organisch-biologisch) voedingsstoffen bevatten en die op zuiverheid en effectiviteit getest zijn (NSF CGMP gecertificeerd). NSF GMP staat voor 'National Science Foundation certified Good Manufacturing Process'. NSF International is een onafhankelijke, not-for-profit organisatie die die de reputatie verworven heeft als het meest gerespecteerde onafhankelijke certificeringsbedrijf heden ten dage.

- Optimize your vitamin D levels.
  Vitamin D deficiency is the likely cause of seasonal flu viruses. Getting an optimal level of vitamin D will help you fight infections of all kinds. Dr. John Cannell and colleagues introduced the hypothesis that influenza is merely a symptom of vitamin D deficiency in their paper Epidemic Influenza and Vitamin D, published in the journal Epidemiology and Infection two years ago, which adds even more weight to this latest research in the Virology Journal.
  The vitamin D levels in your blood fall to their lowest point during flu season, which generally coincide with low-sunlight seasons. Less than optimal vitamin D levels will significantly impair your immune response and make you far more susceptible to contracting colds, influenza, and other respiratory infections. In the United States, the late winter average vitamin D is only about 15-18 ng/ml, which is considered a very serious deficiency state. It's estimated that over 95 percent of U.S. senior citizens may be deficient, along with 85 percent of the American public. No wonder the flu runs rampant each year. Remarkably, researchers have found that 2,000 IU of vitamin D per day abolished the seasonality of influenza! Please note that this is far higher than the recommended daily allowance (RDA) spouted by public health agencies like the American Academy of Pediatrics, which just announced that they're doubling the RDA of vitamin D for children to 400 IU. This new guidance still falls absurdly short of what's needed to keep kids healthy, especially during flu season. In order to prevent the flu, children need 2,000 IU a day of vitamin D, while adults need anywhere between 4,000 to 5,000 IU per day. The key is to make

sure you monitor your vitamin D levels by blood testing, to make sure your levels are therapeutic and not toxic.

- A Free Radical Busting Plan To Protect Your Immunity.
  Free radicals are unstable, destructive molecules that lack electrons. And while they form naturally as a result of normal metabolic processes like breathing, they can increase due to things like stress, poor diet and environmental stressors. In a nutshell, free radicals have the ability to keep your immune system from functioning optimally. So what can you do to promote your immune system and protect against environmental stressors? Well, your body already produces antioxidants to neutralize free radicals. But as we grow older, the levels of antioxidants drop significantly. It is estimated that by age 40 your antioxidant level is at 50%, and by the age of 60 to 70, it is down to around 5% to 10%. So you need to get your hands on a healthy supply of antioxidants to "mop up" these scavenger molecules as soon as they start to pose a threat.
- Take a high quality source of animal-based omega 3 fats like Krill Oil.
- Scientific research shows 80% of your immune system actually lives right in your digestive tract. The best way to look after your digestive tract is via a high quality probiotic [supplement].
- Immune Support [Product van Mercola]
  This little capsule, in my opinion, is the best formula for boosting immunity in the entire world. The ingredients in Immune Support are completely natural and the highest quality available. Each dose is chock-full of essential vitamins, minerals and ever-important antioxidants. But the supremacy of Immune Support has been gained by the fact of its absolute purity – all natural, has organic ingredients, is free of ALL major potential allergens, and is absolutely free of ANY additives.
  - Organic Acerola Extract
    The Acerola berry comes from naturally grown trees found in parts of North and South America. It is by far the richest natural form of vitamin C on the planet (not the man made chemical compound of vitamin C otherwise known as ascorbic acid). There is a total of 400mg of acerola extract in each capsule providing you with more than six times the daily value of vitamin C.
  - Oregano Oil
    Ancient Greeks were the first to recognize oregano oil for its health-promoting qualities. It is known to promote a healthy immune response.
  - Propolis Gum
    It is a plant resin collected by bees in and around the hive. Many, including myself, consider it one of the most potent and useful natural substances to acutely support your immune response. In fact, in the first double-blind placebo controlled study of this food, Professor S. Scheller, heading a team of four other doctors at the Institute of Microbiology at the Medical Academy in Sabrze-Rokitinea, Poland, discovered that propolis ... directly stimulates the immune system to release substances that protect against normal cellular deterioration ... and boosts your immune defense. How? Because it contains phagocytes (white blood cells) that initiate the activity and cleansing action to protect your white blood cells. Many hospitals, clinics and universities throughout Europe are now testing propolis for its immunity benefits. One report alone, recently translated by two doctors in America, shows that propolis has been successfully used in more than 70 different studies over the last 17 years.
  - Yarrow
    Yarrow is widely employed in herbal practice, and works by dilating capillaries and increasing blood circulation. It has long been used to encourage perspiration which can cool your body and assist in removing waste products through your sweat glands and kidneys.
  - Peppermint Powder
    It has a long history of use as a natural remedy and today, scientific research has confirmed the value of peppermint in supporting the immune function by retarding the growth of many

fungi and bacteria. The powder also contains menthone, menthyl esters, and menthyl acetate which helps encourage sweating.

- Boneset Powder
  This Native American remedy was adopted by early settlers to America for its ability to help your body sweat. It also supports respiratory health, and helps the formation of white blood corpuscles in your body and therefore kick starts your autoimmune system.
- DMG (otherwise known as vitamin B16)
  DMG (otherwise known as vitamin b16) is a metabolic enhancer in that it improves the function of your cardiovascular system, your immune system and your muscle performance.* It also helps to detoxify your body, protecting your cells from reactions caused by free radicals. In 1981, important research on the effects of DMG was published in a prestigious health journal. In a double blind study on 20 humans, they found a positive response as compared to controls, concluding that DMG enhanced the immune system.
- Elder Flower Extract
  The flowers and berries from the common elder are have been traditionally used in medicine to support health. They are rich in vitamin C and a wide range of valuable flavinoids, including anthocyanins and quercetin, which many people attribute health promoting properties. What's more, they have been used as a tonic to boost immunity for years. Recently, Israeli scientists tested a standardised extract of the berry on 40 people and found that it caused a significant improvement in immunity in approximately 90 percent of cases within two or three days, compared to six days for a control group. It is widely known to promote lung and bronchial tract health.
- Vitamin D3
  Vitamin D is the world's single most common vitamin deficiency and an estimated 85% of people in the US are vitamin D deficient. But you may not have been aware of the study from Winthrop University Hospital, Mineola, New York who published their findings in a peer-reviewed medical journal, stating that vitamin D3 stimulates "innate immunity."
  WARNING: If you're taking additional vitamin D3 supplements, you'll need to be careful. As you know, I do not recommend taking vitamin D3 for extended periods as it can have side effects. That’s why Immune Support is only designed to be consumed over periods of time of less than 10 days giving your immune system the short term support it needs.
- Olive Leaf Extract
  Derived from the leaves of the olive tree, recorded evidence of olive leaf's traditional use goes back thousands of years. Ancient Egyptians and Mediterranean cultures used it for a variety of health-promoting uses and it is widely known as a natural, non-toxic immune system builder. It is a concentrated immune supporter without other known side effects.

b) Aternatieve methoden om infectieziekten te bestrijden.

□ Colloidaal Zilver

► [Colloidal Silver – The Rediscovery of a Super Antibiotic] (zie digitale bijlage op DVD)

Early Research

Colloidal silver was in common use until 1938. Many remember their grandparents putting silver dollars in milk to prolong its freshness at room temperature. At the turn of the century, scientists had discovered that the body's most important fluids are colloidal in nature: suspended ultra-fine particles. Blood, for example, carries nutrition and oxygen to the body cells. This led to studies with colloidal silver. Prior to 1938, colloidal silver was used by physicians as a mainstream antibiotic treatment and was considered quite "high-tech". Production methods, however, were costly. The pharmaceutical industry moved in, causing colloidal research to be set aside in favor

of fast working, more toxic and potentially dangerous drugs. The Food and Drug Administration today classifies colloidal silver as a pre-1938 drug. A letter from the FDA dated 9/13/91 states: "These products may continue to be marketed . . . as long as they are advertised and labeled for the same use as in 1938 and as long as they are manufactured in the original manner." Some of the manufacturing methods used before 1938 are still used today. An electro-colloidal process, which is known to be the best method, is used. (…)

Ingesting Colloidal Silver

Taken orally, the silver solution is absorbed from the mouth into the bloodstream, then transported quickly to the body cells. Swishing the solution under the tongue briefly before swallowing may result in faster absorption. In three to four days the silver may accumulate in the tissues sufficiently for benefits to begin. Colloidal silver is eliminated by the kidneys, lymph system and bowel after several weeks. If routinely exposed to dangerous pathogenic germs, some recommend a regular daily intake as a protection. In cases of minor burns, an accumulation of colloidal silver may hasten healing, reducing the possibility of scar tissue and infection. (…)

Chronic or Serious Conditions

1 teaspoon of 5 ppm. colloidal silver equals about 25 micrograms (mcg.) of silver. 1 - 4 teaspoons per day (25 - 100 mcg.) is generally considered to be a "nutritional amount" and is reported to be safe to use for extended periods of time. Amounts higher than this are generally considered "therapeutic amounts" and should only be used periodically. In cases of illness, natural health practitioners have often recommended taking double or triple the "nutritional amount" for 30 to 45 days, then dropping down to a smaller maintenance dose. Amounts from 1 - 32 ounces per day have reportedly been used in acute conditions. If your body is extremely ill or toxic, do not be in a hurry to clear up everything at once. If pathogens are killed off too quickly, the body's five eliminatory channels (liver, kidneys, skin, lungs and bowel) may be temporarily overloaded, causing flu-like conditions, headache, extreme fatigue, dizziness, nausea or aching muscles. Ease off on the colloidal silver to a smaller amount and increase your distilled water intake. Regular bowel movements are a must in order to relieve the discomforts of detoxification. Resolve to reduce sugar and saturated fats from the diet, and exercise more. Given the opportunity, the body's natural ability to heal may amaze you. (…)

A colloidal suspension is ultra-fine particles of one substance, suspended by an electric charge in another substance. Homogenized milk and aerosol sprays are colloidal suspensions. Colloidal silver is pure, metallic silver (not a chemical compound) of particles 15 atoms or fewer, each with a positive electric charge, and attached to a molecule of simple protein. This new particle floats in pure water. The electric charge is stronger than gravity so the silver particles don't sink. (…)

► [Colloidal Silver – Marvin Robey] (zie digitale bijlage op DVD)

In the 1970's Dr. Carl Moyer, Chairman of Washington University's Department of Surgery, received a grant to develop better treatments for burn victims. Dr. Harry Margraf worked with Dr. Moyer and other surgeons as chief biochemist on this project. They tested 22 antiseptic compounds and rejected all of them. The problem was that infections in burns often failed to respond to antibiotics. Most antiseptics actually destroyed the delicate tissues in severe burns and were very painful. The greatest problem was the bacterium Pseudomonas Acruginose which is particularly infectious to burns and fails to respond to all common antiseptics and antibiotics.

In his research into medical history, Dr. Margraf found numerous references to silver as an anti-microbial agent. It was found that silver has been used for hundreds of years in one form or another to treat infection and has well proven itself to be totally non-toxic at all concentrations. Bacteria have never developed an immunity to it. He found references to it as a catalyst that disables the enzymes anaerobic microorganisms depend on.

Doctor Margraf therefore tried silver nitrate, the same solution used in newborn babies' eyes at birth. It did work, However, he found it disturbed the balance of body salts, stained everything it touched and in high concentrations was corrosive and painful. After further study, he found that all of these problems were solved by colloidal silver. He then developed a salve, marketed as "silversuladiazine" that has been very effective. It is now routinely used for severe burn victims, resulting in a large reduction of scarring and a heavy reduction of deaths from infections. Skin grafts have also been drastically reduced.

The University of California at Los Angeles (UCLA) ran some tests on colloidal silver and their report states, "The silver solutions were antibacterial for concentrations of 10 to the 5th power organisms per ml. of Streptococcus pyogenes, Staphylococcus aureus, Neisseria gonorrhea, Gardnerella Vaginalis, Salmonella Typhi, and enteric pathogens, and fungicidal for Candida Albicans, Candida globata, and M. flarfur."

If it is so effective, this safe, and has so many advantages, why have we not been using it? What makes researchers now believe it is effective? What has led to this change of thinking? One line of research that has led to this change is described in the best seller, The Body Electric (1985), by Robert O. Becker, M.D., who is a leading research scientist in the field of bone regeneration. He states on page 167 of his book: "Of course, the germ-killing action of silver had been known for some time ... the Soviets use silver ions to sterilize recycled water aboard their space station ... It kills even antibiotic-resistant strains, and also works on fungus infections." On page 175 he says: "It stimulates bone-forming cells, cures the most stubborn infections of all kinds of bacteria, and stimulates healing in skin and other soft tissues." (…)

Silver has been known to be a bactericide for at least 1200 years. Even in ancient times, it was known to prevent disease and it was said that disease could not be transmitted by drinking from a silver cup. Silver coins were commonly used to prevent the spoilage of milk and other drink, and silver containers were used to prolong the freshness of foods in general. Even today, we commonly call all tableware "silverware" although now it is usually made of stainless steel. Until about 1970 it was common usage for scientists to put a silver dime in a petri dish to sterilize it.

Silver was long used for plates in the surgical repair of bones. In the 1920's, 30's, and 40's silver was ground very fine like flour and was used orally for many infections and disease conditions, topically on burns, and for fungal infections. Over 650 bacteria, virus, and fungus were considered treatable with this silver in 1938. With the development of the patented antibiotics, silver lost usage in the United States and most other places, although the antibiotics are only effective against bacteria, not viruses, yeasts, and fungus, as is silver. Now, with the greatly improved colloids, the tables are turning and silver may be the most effective treatment.

All of this is happening at the same time that disease bacteria are developing immunity to modern antibiotics. Furthermore, immunity to the antibiotics seems to be developing all over the world, even in isolated areas. The medical profession is alarmed. Can silver save us? Many authorities think so. In "Use of Colloids in Health and Disease", author Dr. Henry Crooks found that colloidal silver is highly germicidal. In laboratory testing he found that "all fungus, virus, bacterium, streptococcus, staphylococcus, and other pathogenic organisms are killed in three or four minutes. In fact, there is no microbe known that is not killed by colloidal silver in six

minutes or less in a dilution of as little as five parts per million." Dr. Crooks found colloidal silver particularly affective in intestinal problems, and tells us there are no serious effects whatsoever from high concentrations.

In "Colloidal Silver" by the Association for Colloidal Research, it is reported that: "Medical Journal Reports and documented studies spanning 100 years indicate no known side-effects from oral or intravenous administration for properly manufactured colloidal silver in animal or human testing ... There has never been a reported reaction with colloidal silver and any prescription medication..." (…)

Some have asked, "Does colloidal silver destroy the friendly organisms?" "How can it differentiate between friendly and unfriendly organisms?" It seems that most friendly organisms are aerobic (i.e. do well in an oxygen-rich atmosphere), whereas unfriendly organisms are anaerobic (i.e. don't like oxygen). Silver attacks only the anaerobic organisms. How does colloidal silver do all this? Researchers tell us that the silver ion, of very minute size and having a positive charge, attaches itself to certain enzymes needed by anaerobic bacteria, viruses, yeasts and fungus and destroys it. It is said that these organisms require a particular enzyme (superoxide dimutase) for their sustenance. The silver acts as a catalyst and is not consumed in the process. It is probable that the reason these bacteria cannot develop a resistance to silver, as they do to antibiotics, is because silver does not attack them directly, but rather destroys the enzyme they depend on. (…)

Colloidal silver may be an entirely natural healing agent. Some theorize that years ago we normally had much higher levels of silver in our bodies. They claim that our bodies are depleted of silver because our soils have been depleted of silver, as well as other minerals, which had a much higher concentration before high yield farming practices came into vogue. Prior to that time, these minerals were much more bioavailable to our bodies by our food supply. It is theorized that by hauling our foods from our farm lands to the cities, consuming these foods and then dumping our sewage into our rivers and oceans, we are depleting the soil of the silver, along with all of the other natural minerals, while replacing only potassium, phosphorus and nitrogen. Thus, now our immune systems are depleted, while the loads on them are increased by many factors in our modern life-style. (…)

When will we see silver in our everyday life for non-medical use? It seems it is already more prominent in our lives than most people realize. In Health Consciousness, Vol. 15, No. 4, pg. 5 we read: "In the former Soviet Union silver is used to sterilize recycled water aboard space shuttles. NASA has also selected a silver/water system for its space shuttle. Internationally, many airlines use silver water filters to guarantee passenger safety against water-borne diseases such as dysentery. The Swiss government has approved use of such silver water filters in homes and offices. Silver works so well in purifying water that it is sometimes used to purify swimming pool water (used in conjunction with 1/10th the amount of chlorine, thus making silver chloride), and it doesn't sting the eyes as full-strength chlorine treatments do. (…)

In general, modern colloidal silver is of superior quality to that made in the 1930's and 40's due to modern advances in technology.

► [Colloidal Silver – Why Is The FDA Working To Keep This Vital Life-Saving Knowledge A Secret From You] (zie digitale bijlage op DVD). Een artikel van het online nieuws magazine Rens.Com.

Incredibly, the Food & Drug Administration (FDA) has now ruled that you cannot be told about the amazing and potentially life-saving, infection-fighting properties of colloidal silver. Yet,

since its discovery over 90 years ago, colloidal silver has saved more lives from deadly infections than any other natural substance in existence. Hundreds of studies conducted over the past 90 years at top medical universities in both Europe and America have confirmed the phenomenal infection-fighting powers of this safe, proven all-natural antibiotic substance. In fact, at Syracuse Medical University it was demonstrated by Dr. Robert O. Becker, M.D. and his colleagues that colloidal silver ions can kill many of the deadly infectious microorganisms that no longer respond to prescription antibiotic drugs! And in laboratory tests colloidal silver has been demonstrated to kill over 650 different disease-causing pathogens – amazingly, most of them die within six minutes of direct contact!

FDA Acts to Restrict Information About Colloidal Silver's Powerful Infection Fighting Properties!

Yet the heavy-handed goons at the FDA don't want you to ever discover this vital and potentially life-saving information about colloidal silver. In fact, late last year they passed a brand new "Final Ruling" [July 19, 1999] that effectively restricts the American public from learning the full truth about the powerful infection-fighting properties of colloidal silver! The new FDA ruling places severe restrictions on what can be said about colloidal silver in advertising and labeling. In fact, in spite of its medically documented 90-year history of safe and effective use, the FDA has now ruled that colloidal silver can no longer be sold in the United States if it is described as an infection fighting agent! Instead, it can now only be described as a "mineral supplement". If it is described as anything else in the advertising and labeling, the FDA can shut down the offending company and confiscate its inventory! In essence, the FDA has ruled that the American public no longer has the right to know what a powerful and medically proven infection fighting agent colloidal silver is! (…)

Over the past decade thousands of Americans have quietly abandoned the use of prescription antibiotic drugs and have turned instead to the use of safe, natural colloidal silver. In fact, when people discovered they could cure the vast majority of their own infections – quickly, safely and effectively – with a few dollar's worth of colloidal silver, word began to spread rapidly among the American public. The giant pharmaceutical companies quickly realized they would soon be losing tens of millions of dollars annually in sales of their expensive prescription antibiotic drugs if they didn't do something about it. Initially, they demanded that the FDA ban the sale of colloidal silver altogether. But try as they might, the FDA couldn't find sufficient grounds for a ban. After all, colloidal silver has a fully documented 90-year medical history of safety and effectiveness! (…)

► [Whale – Industry to Capitalize on Silver's Antiseptic Qualities in a BIG Way]
(zie digitale bijlage op DVD) Een artikel van Life & Health Research Group.

Here's an interesting news bit from the May 4, 2001 issue of the Kiplinger Letter, one of the largest and most widely read business forecast newsletters in the United States:

"Silver's germ-fighting ability will get a workout in new uses. The metal kills disease-carrying microbes without the harmful side effects of chlorine, other sanitizing chemicals. Silver will be laced into socks, dish towels, toothbrushes. Even home appliances, heating and air systems. Industrial uses too ... treating water and cleaning food processing gear. Silver prices won't be affected because overall use won't increase much."

That's a pretty interesting news brief, considering that the FDA has ruled that colloidal silver preparations are "not proven safe and effective" as germ-killing agents (FDA Final Ruling July 1999). Furthermore, for the past six months the FDA and FTC have instituted a massive ongoing

campaign to stop colloidal silver manufacturers and sellers from mentioning silver's medical qualities in their advertising. In a recent press release which was published on page A-1 of The Wall St. Journal and many other U.S. newspapers, the FDA/FTC cabal bragged that dozens of colloidal silver sellers were being forced to change their advertising literature or remove their advertising altogether. They further bragged that some colloidal silver sellers were being issued fines of as much as $150,000 for "false advertising" (i.e., for stating in their advertising that silver has germ-fighting and other medical capabilities). And at least one colloidal silver seller is now being taken to court by the feds!

What it looks like is that big business and big industry are getting ready to start using silver as an anti-microbial compound in a BIG way, and the FDA/FTC are muscling out the competition on their behalfs. All the more reason, of course, to own a colloidal silver generator so that you can make your own colloidal silver.

Equally interesting is that in July 1999 the FDA specifically ruled that silver gels and ointments – which are applied as an antiseptic and santizing agent to external cuts and scrapes rather than used internally – were to be altogether banned as they had no proven legitimate medical uses. And indeed, the FDA quickly had these products taken off the market. Yet here we see big business and big industry getting ready to use silver as an antiseptic and santitizing agent in numerous external applications, including as as a water treatment sanitizer, a food processing gear sanitizer, and even having silver laced into dish towels, socks and toothbrushes as a disenfectant agent! Hey, either it works for external purposes, or it doesn't – you can't have it both ways.

◘ Royal Rife Frequency Generator
[Royal Rife Home Page <http://www.rife.org>] (zie digitale bijlage op DVD)

► 'America's Medical Holocaust – Rife Wellness Electronics Technology Suppression and Revival'. [Rife – Tesla Society 01] (zie digitale bijlage op DVD)
February 2, 2004 by George Gaboury, San Fransisco Tesla Society.

Many things in nature will resonate and shatter if stimulated with the proper form of energy at the correct frequency. Royal R. Rife (an interdisciplinary scientist with expertise in microbiology, physics, chemistry, optics, hydraulics and machine science) was intrigued with the thought of applying this principle to the treatment of disease – especially cancer, so he created and patented the "Rife Universal Microscope" – the worlds first microscope capable of observing the movements and metamorphosis of live microbes and viruses at 60,000 x.

Then, he spent thousands of hours using the Universal Microscope to catalog and observe effects on various diseased microbes as he bombarded them with endless combinations of electromagnetic energy frequencies. He successfully identified the "mortal oscillatory frequencies" that rupture or destroy various deadly pleomorphic (shape changing) microbes active in cancers and other diseases, and developed successful inexpensive electronic treatments via his beam ray device.

A clinical trial on humans with cancer was conducted in 1934 with dramatic results. 14 of 16 patients with significant malignancies at the La Jolla California site were "clinically cured" after

a regimen of 3 minute Rife treatments every 3 days for 3 months. The cancer disappeared in the other 2 patients after an additional 3 months. Rife's work was successfully replicated by others, and yet his research was ignored and suppressed. On the Internet, see http://www.rife.org/, James Bare's RifeTech, and many other websites for details.(…)

Rife's work was clearly a problem for ruthless powerful men who did not approve and felt threatened by a technology they did not understand and could not own. One of the worst of these men was the AMA's utterly corrupt editor of JAMA and Medical Mussolini, Morris Fishbein. (…) Fishbein set out to destroy Rife after Fishbein was denied control and profits from Rife's technology.

Rife's closest colleagues were threatened, bribed or murdered. His business associates were destroyed financially from the costs of fighting a costly frivolous lawsuit even though they eventually won. Rife laboratories were burglarized or destroyed by arson, and his accomplishments have since been mostly hidden from the general public for 60 years. Fishbein would eventually be dethroned in disgrace by the AMA after his true nature was exposed to the world a decade later in the Hoxey/Hearst libel trial of 1949, but the damage to Rife and many others had long since been done. Royal Raymond Rife was emotionally devastated by this insidious persecution and died a broken man in 1971. It is one of the most promising and horrific stories of the 20th century as many millions of potentially preventable cancer deaths have occurred since Rife made his amazing discoveries in the 1930's.

Fortunately Rife's work has been rediscovered. A quiet movement to explore Rife technology has been building since the late 1980's outside the established (not-interested) pharmaceutically funded medical research community. The Rife revival started with the 1987 publication of "The Rife Report – The Cancer Cure That Worked" by Barry Lynes. The growing movement to further investigate and develop this promising technology, is exemplified by the International Rife Technology Conferences. (…)

Thousands of individuals are quietly using Rife technology to treat cancer, AIDS, Multiple Sclerosis, herpes, cataracts, tuberculosis, hemorrhoids and a host of other ailments. With the many variations on Rife technology available today, the FDA/FTC's recklessly imposed black market environment makes it hard to find and determine which Rife machine, which Rife treatment provider and which variation on frequencies and harmonics is best for you. In the United States and Canada, manufacturers, distributors and health care providers risk prison or financial ruin by making these machines available to you or by telling you how their machines really can help you. Fortunately, a growing number of key individuals have been willing to risk their lives and resources in order for this information and technology to save lives and reach you now. They are heroes.

► An Interview With Royal Rife.
[RIFE – An Interview With Royal Rife] (zie digitale bijlage op DVD)
Rife Information Forum, Europe. Ik vermeld hier slechts enkele delen van het interview.

Royal Raymond Rife and his engineer John Crane developed a new type of frequency therapy device, in the 50s, using electrodes placed on the body to administer the resonance waves. Just 10 years later, the AMA again struck to silence this form of therapy. In 1960 John Crane's laboratories were raided without a search warrant, years of work were either confiscated or smashed and Crane was taken to trial in spring 1961. Although there was a large amount of evidence supporting the effectiveness of the Rife/Crane therapy, this evidence was not permitted to be used in the trial! John Crane was sentenced to 10 years in prison of which he served 3 years

and 1 month. [Een uitgebreid relaas van wat er zich toen heeft afgespeeld is op deze webpage te lezen. Het is een extract uit Barry Lynes' boek 'The Cancer Cure that Worked'.]

During the preparation for this trial in 1961, the defense lawyer sent a long list of 137 highly interesting questions to Royal Rife, who was in Mexico at the time, on the research he and Crane had done. These questions and answers were also not permitted to be used in defense and ONLY the questions could be found amongt the trial papers as stored in the court house, today. Until very recently the answers to these questions were believed to have been lost. They have only now been found by someone who had the answers, but not the questions. The answers have been dated, 22nd March 1961.

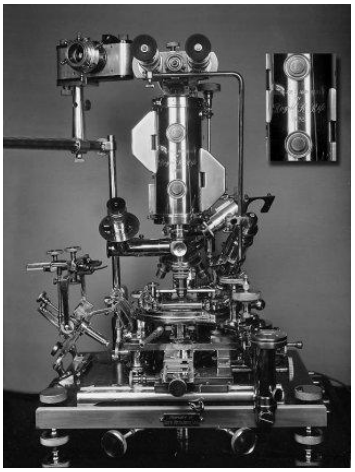
For the first time (as far as I know), these questions and answers are appearing here together on the Internet. It contains some very interesting comments on the work of Royal Rife as he saw it himself and answers many questions only guessed at before. I (Peter Walker) recently received photocopies of these documents and due to the poor state of the copies, I typed in the questions and answers manually as scanning was not practical. Some obvious grammatical and spelling mistakes have been corrected and crossed out words have been omitted (all unreadable, except where noted). Differences between British and American English (e.g. "tumor" instead of "tumour") have been left in the original American form. The answers were originally typed almost entirely in upper case. To improve readability, the normal case has been used instead. Any comments I have added are in square brackets []. Otherwise, the list of questions and answers shown here is complete and nothing has been left out.

1. Please state your name?
A: Royal Raymond Rife
4. Are you the same Royal R. Rife who invented the system of killing or de-activating pathogenic organisms by electronic waves or frequencies produced by instruments similar to those made by Mr. John Crane, one of the Defendants in this case?
A: Yes
5. If so, when did you begin your experimental work on this system?
A: 1915
6. How long a period did your work cover, in developing the device and the techniques of its use?
A: From 1920 to the present time - 40 years and development is still continuing.
7. What is the basic theory upon which you sought to find a means of killing pathogenic organisms?
A: The theory of coordinative resonance with frequencies which I proved would kill microorganisms by electron transfer and internal stresses of pathogenic cells owing to electromagnetic and electrostatic forces.
8. What kind of pathogenic organisms did you study, in these experiments?
A: Tetanus, typhoid, gonorrhea, syphilis, staphylococci, pneumonia, strertothrix, streptococi, tuberculosis, sarcoma, carcinoma, leprosy, polio, cholera, actinomycosis, glanders, bubonic plague, anthrax, influenza, herpes, cataracts, glaucomia, colitis, sinus, ulcers and many other virus bacteria, and fungi.
10. What sort of laboratory facilities did you have, for use in these experiments?
A: I had one of the best privately equipped laboratories in the world complete with a million volt X-Ray, frequency instruments, electronic test equipment, precision lathes, mills, drill presses, shaper and all equipment necessary to make instruments, microscopes, glass blowing, and a surgical room for animals with sterilizers of the steam type and a pathology room complete with microscopes of all types virus microscopes which I had designed and built for the isolation of cancer virus, T.B. virus, typhoid virus and many other virus. I had a stop motion microscope set up for the life study of microorganisms from the cradle to the grave. I had animals in cages in the

basement with facilities for 1000 animals. The Rife Research Laboratory was air-conditioned and humidity controlled to one tenth of one degree.
12. Did you study viruses, among other pathogenic organisms?
A: Yes.
13. Were any special instruments required for your study of viruses?
A: Yes.
14. What were they?
A: Prismatic virus microscopes and Berkefelt porcelain filters, a micromanipulator and electronic test instruments and frequency instruments.
15. Were all of these obtained from ordinary commercial sources?
A: No – I could not buy them on the open market and they are still not obtainable even today.
16. If some were not obtainable from ordinary commercial sources, how did you obtain them?
A: I had to design and build these instruments to accomplish what I wanted to attain with my research.
17. Who designed these?
A: I designed them.
18. Where were they made?
A: In the Rife Research Laboratory
19. Describe these special instruments for us?
A: The universal microscope was described and published by the journal of the Franklin Institute. Time does not permit me to describe all of the many instruments that I designed and constructed. The micromanipultor was used to dissect and operate on cells. The spectrometer was used to measure the angle of crystals, the frequency instruments were used to kill bacteria, virus, and fungi, the microscopes of the prismatic virus were used to study living virus, bacteria, and fungi, a petrographical micropolariscope was used to analyze chemicals and color frequencies with polarized light, special rare gas glass contained atmospheres were used to provide ionized radiation to transmit energy to increase virulence and to devitalize all microorganisms as desired.
20. Which pathogenic organisms did you study in virus form?
A: Cancer virus, typhoid, tuberculosis virus, herpes virus, B-coli virus, poliomyelitis virus, and about 40 other viruses that have never been isolated before.
22. Describe your experiments by which you isolated these viruses?
A: After the filtered form was obtained, a micropipette is used to place a drop of the fluid on a slide. This slide is placed on the microscope stage of any of the 5 virus microscopes that I designed and built. A special Bisely prism which works on a counter rotation principle selects a portion of the light frequency which illuminates these virus in their own characteristic chemical colors by emission of coordinative light frequency and the virus become readily identifiable by the colors revealed on observation. 8000 to 17000x magnification is sufficient to see them. Before building the virus prismatic microscopes, I sectioned over 15,000 slides trying all types of acid and aniline dye strains with no results over a period of 10 years.
23. How did you determine whether these viruses were pathogenic?
A: By animal tests and from known sources and by microscope examination which reveals the true identity of microorganisms to the trained observer.
24. Describe your experiments made to prove that these viruses were pathogenic?
A: On one series of cancer tests, I inoculated the virus which I had isolated and filtered from an unulcerated breast mass into an Albino rat, the tumor was allowed to grow and then I surgically removed the tumor and again isolated and filtered the virus from a portion of the ground up tumor and inoculated the next rat and repeated this procedure 411 times to prove that this virus was the causative agent of cancer. Tests on many other diseases such as those previously mentioned are too numerous to even start on at this time.
25. About how long a period of time did your work/study of these viruses, and proof of their pathogenic character, cover?
A: 15 years on virus only

26. Did you also study bacterial forms of pathogenic organisms associated with these viruses?
A: Yes.
27. Did you find whether some bacteria were capable of releasing a form of virus?
A: Yes. Virus are released from bacteria just as a chicken lays an egg.
28. How did you determine this?
A: By virus observation and cell study and virus photographs which I made and one which John Crane made from a film of cancer virus which has been copyrighted.
29. What are some of the bacteria which you found to be capable of releasing a form of virus?
A: Bacillus coli, tuberculosis, typhoid, and many others.
32. Were any physicians or scientists associated with you in any of these studies?
A: Yes
33. Who were they?
A: Milbank Johnson, M.D., Arthur I. Kendall, Ph.D., E.C. Rosenow, M.D., Coolidge of General Electric, O.C. Grunner, M.D., Henry Siner, Dr. Copp, M.D., Alvin G. Foord, M.D., Ernest Lynwood Walker, M.D., and Karl Meyer, M.D., of the Hooper Foundation of San Francisco, George Dock, M.D.,Waylen Morrison, M.D., Dr. Fischer, M.D., Verne Thompson, Ben Cullen, Ray Lounsberry, M.D., James B. Couche, M.D., Charles F. Tully, D.D.S., Arthur Yale, M.D., R.T. Hamer, M.D., John Crane, Dave Sawyer, Don Tully, J. Heitger, M.D., Royal Lee, Ph.D., T.O. Burger, M.D., Alice Kendall and many others.
34. Where did they work with you?
A: Work was conducted in various laboratories, offices, and buildings in San Diego and in the United States. I traveled all over the world and many doctors and scientists and executives visited me at my various laboratories including the Rife Research Laboratory, The Point Loma Lab set up at Dr. Tully's, The Rife Virus Microscope Institute, and another microscope and dark room facility at San Diego, and I furnished free of charge to the police crime laboratory thousands of dollars worth of chemicals, precision instruments, electronic instruments, and training in microscope techniques and laboratory diagnosis and other equipment and glassware after I closed the Rife Research Laboratory in 1946. Another laboratory for research work on seawater conversion was set up and used at the foot of Canyon Street in Point Loma.
35. What part did they have in any of these experiments or studies?
A: Initially the work and the origin was developed under my control and guidance. Later their work became an interest of collaboration and observation of the results attained. Initially I worked with loose couplers to get an audio oscillation and then with the use of transmitters, I tried to balance the audio and modulate the audio on a carrier wave to transmit the audio energy but I found that both the audio and the audio transmitted through a tube as an antenna worked equally as well in a painless and harmless method to human tissue. Coolidge furnished many tubes. Milbank Johnson, a multimillionaire, set up and supervised three human research clinics. The first clinic was set up under a special medical research committee of the University of Southern California with Dr. Rufus B. von Klein Smidt on the committee in the home of Ellen Scripps in La Jolla in 1934. Johnson selected outstanding doctors to aid us in the clinical work such as Docks, Morrison, Foord, Meyer, Kendall, Rosenow, Fischer of the Children's Hospital in New York, and others helping or observing were Heitger, Lounsberry, Copp, Alice Kendall, Henry Seiner, Grunner, Burger, Hamer, Couche, Yale, and Cullen. Walker and I studied leprosy and I isolated a virus which we jointly demonstrated was common to rat, soil, and human leprosy and I found a frequency which would eliminate leprosy. Dr. Gonin M.D. visited me and I sent Henry Siner to demonstrate a virus microscope in England to the medical profession there. Alice Kendall worked for me in the lab and so did Henry Seiner and others. From 1950 and on, John Crane has continued on with this research. The others were visitors and interested parties. Many others have aided in promotion of this research and the AMA has suppressed all effort and research knowledge of my developments.
36. Did you grow bacteria and viruses in various culture media?
A: Yes

37. How did you determine what they were?
A: They can readily be diagnosed by their own true colors which are emitted when placed in any of the five virus microscopes that I designed and built for this virus identification and study.
40. Did you find ordinary microscopes, such as are obtainable from commercial sources, adequate for the study of these viruses?
A: No
41. In what ways were they deficient?
A: They have insufficient power, poor detail and definition, and poor resolution and cannot illuminate the virus with selective frequency or frequencies of monochromatic beam light which is required to see virus control of the light is very important.
42. What types of microscope did you find necessary to complete your study of these viruses?
A: Prismatic virus microscopes which I designed and built for virus study and research only. I have never tried to commercialize on these instruments. They were offered to Baush and Lomb but they couldn't justify the cost of tooling to build these complex instruments and the doctors could not afford to buy them either because they would have been too expensive for the average laboratory to even consider.
43. In what ways did they differ from the commercially available types?
A: In the barrel were prisms which transmitted the light. The stage had to be leveled and a series of condenser lenses between the patented microscope lamp of mine and the Risely prism were located below the stage. Special lens spacings were important to compensate for the extra long tube length of 220 and 440 mm and a higher degree of accuracy in stage adjustments was provided. In the Universal Microscope, 7 turns of the dial moved the object under study one micron. Slit ultra illumination was also provided.
46. What types were they?
A: Standard research types, prismatic virus types, crystallographic, petrographical-micropolariscope, polarized, and historical types.
47. What did these special microscopes do which the commercially available types would not do as well?
A: Show virus and allow us to study them alive and identify them as virus and allow us to diagnose them as to the disease of which they caused and were associated.
48. What is necessary, in order to make bacteria and viruses visible under the microscope?



A: First there must be high enough power to enable the observer to see them and second they must be identified by a frequency of light which coordinates with the chemical constituents of the virus or filterable form in question. To my knowledge there is only one instrument today which will even show these virus and that is the Rife prismatic virus microscopes which I built for this work. The electron microscope is a useless device for this study because the virus are killed instantly and you don't know what form you are seeing them in and generally appear as round balls of dried up chemical particles.
49. What different methods of staining bacteria and viruses are in common use?
A: Acid and analine dye strains of many formulae are commercially available.
50. Did you find these common methods of staining sufficient for the experiments you performed?
A: No
51. If not, what were their deficiencies?
A: They would not show the flagella, or the virus.
52. Did you devise another method of staining or making visible bacteria and viruses?
A: Yes

53. What was this method?
A: I had devised a stain with Alfalfa hay and mercury for flagella on B-Coli and typhoid to count their concentration. Virus were made visible for the first time with a variable light frequency controlled by a Risely prism of a counter-rotating nature, an iris diaphragm, condenser lenses and other features previously mentioned.
54. Explain how it was done?
A: By rotation and variable monochromatic beam adjustment of the Rife prismatic virus microscopes.
55. How did you obtain the instruments necessary to do this?
A: I built them in my research laboratory. Which is shown in movies that John Crane has at RVMI
56. What study and experience have you had in the science of Bacteriology?
A: I studied bacteriology at John Hopkins University and the University of Heidelberg and in my own research laboratory.
57. Over about what period of time did you get this study and experience?
A: 40 years
58. Besides studying bacteria and viruses growing in culture media, did you also make any study of their effects upon laboratory animals inoculated with such bacteria or viruses?
A: Yes
59. What kinds of animal were used in such experiments?
A: Albino rats, Guina pigs, rabbits. I had about 800 rats which were used constantly.
60. Where were such experiments performed?
A: In the Rife Research Laboratory in Point Loma
61. Under whose direction?
A: Under my direction
62. Did any other scientists or physicians assist you in any of these studies of inoculated laboratory animals?
A: No, but I had men that worked for me and helped me.
63. Did any other scientists observe, without actually assisting, any of these studies or experiments?
A: Yes. Dr. Kendall, Grunner, Johnson, Couche, Copp, Lounsberry, Burger, Seiner, Cullen, Foord, Rosenow, Karl Meyer, Walker, and others as stated before.
65. What part did they take in such studies?
A: By bringing cancer tissue, collaborating results, by using the virus microscopes and observing my results and observations, by growing virus and by conducting clinical tests on virus, bacteria and fungi on cultures and human cases or patients for their own research and knowledge.
66. As a result of such studies, did you and Dr. Arthur I. Kendall publish a report of some of your experiments or studies of filterable forms of Bacillus Typhosus?
A: Yes
67. Was this report published in "California and Western Medicine", the journal of the California Medical Association, in the December, 1931, issue?
A: Yes
69. Was this Dr. Arthur Isaac Kendall, Ph. D., at that time the Director of Medical Research of Northwestern University Medical School?
Yes
70. In July, 1932, did you continue some of this study of bacteria and viruses with Dr. Isaac Kendall in his laboratory at Northwestern University Medical School?
A: Yes
71. At that time, did Dr. E. C. Rosenow, M.D., of the Division of Experimental Bacteriology of the Mayo Clinic, Rochester, Minnesota, observe some of this study made at Northwestern University Medical School, in Dr. Kendall's laboratory?
A: Yes

72. Did Dr. Rosenow publish a report of this study in the July 1932 issue of the Mayo Clinic bulletin?
A: Yes
74. About when did you begin your experiments in the effect of electronic frequencies upon bacteria and viruses?
A: 1920
76. How did you determine whether particular frequencies had any affect upon bacteria or viruses?
A: By observation with bacteria and virus under the Rife virus prismatic microscopes in conjunction with the application of electronic energy.
77. Were you able to kill or de-activate any bacteria or viruses by the application to them of electronic currents or rays?
A: Yes
78. Can you name some of the bacteria and viruses which you were able to kill or de-activate by such means?
A: Tetanus, typhoid, gonorrhea, treponema pallidum, staphylococci, pneumonia, streptothrix, bacillus coli, tuberculosis, streptococci, sarcoma, carcinoma, and many others. It was found that by using combinations of these frequencies for the different microorganisms that many other disease could be helped like sinus, ulcers, cataract, arthritis, poliomyelitis, etc.
79. Is there a distinction between the terms "kill" and "de-activate" as you have used them? That is to say, were any of these viruses or bacteria deprived of their virulent activity without having to completely kill them?
A: Yes. On some research it was found that after transfer to another media no further reproduction would occur.
80. After treatment of viruses or bacteria by the application to them of certain electronic currents or rays, as you have mentioned, was there ever any change in the appearance of such bacteria or viruses as seen under your microscope? If so, describe it.
A: Yes. Some types will explode or disintegrate and some will gather together like log jams or agluetinate.
81. Were you acquainted with Dr. Milbank Johnson, M. D., during this period?
A: Yes
82. Did he participate in any of your experiments or studies on the effect of electronic frequencies upon bacteria and viruses?
A: Yes
83. Did he participate in any of your experiments or studies on the effect of these electronic frequencies upon laboratory animals which had been inoculated with various diseases?
A: Yes
84. Did you furnish one of your electronic frequency-generators to Dr. Milbank Johnson for his use?
A: Yes
85. Over about what period of time did he use it?
A: 8 years
86. Where did he make use of it?
A: In the Santa Fe hospital in Los Angeles and a private clinic in Pasadena.
87. Was this electronic frequency-generator used by him or under his direction in the treatment of diseases of human patients?
A: Yes
88. Did he report to you the result of these treatments?
A: Yes
89. Did you observe the giving of any of these treatments?
A: Yes
90. Did you observe the results of these treatments?

A: Yes
91. What changes did you observe in the condition of any of the patients so treated by Dr. Milbank Johnson with the instrument you had furnished to him? Describe them in detail?
A: I observed some cataract cases, etc.
92. During the period of time when Dr. Milbank Johnson was so using your electronic frequency-generator, were you acquainted with Dr. James B. Couche M. D. (now deceased)?
A: Yes
93. Did Dr. James B. Couche participate in the work of Dr. Milbank Johnson in the treatment of human patients with the frequency-generator?
A: Yes
94. Did you furnish Dr. James B. Couche, M. D., with one of your electronic frequency-generators for his own use?
A: Yes. The beam Ray Corporation built two instruments for Dr. Couche
95. When did Dr. Milbank Johnson die?
A: 1942
96. Was the work of Dr. Milbank Johnson in treating human patients with your frequency-generator continued after his death?
A: Yes
97. Did Dr. James B. Couche continue to use the frequency-generator which you had furnished to him? If so, until about what date?
A: Yes. Until he died in 1959
98. About when did Dr. James B. Couche die?
A: In the spring of 1959
99. Did Dr. James B. Couche report to you the results of his use of your electronic frequency-generator?
Yes
100. Did you observe any of the treatments given by Dr. James B. Couche with your electronic frequency-generator?
Yes
101. Did you observe the results of any of the treatments given by Dr. James B. Couche with your electronic frequency-generator?
A: Yes
102. What changes did you observe in the condition of any of the human patients who had been so treated with your frequency-generator by Dr. James B. Couche?
A: I saw cancer and tuberculosis cases that had completely recovered. I saw Dr. Couches brother who had come over from England. He had a 30 year sinus condition with terrible drainage. Dr. Couche used the frequency instrument on him and he was well in three weeks. Dr. Couche had treated Dr. Hamer, M.D. for a sinus condition which cleared up. Dr. Couche had treated Dr. Butterfield, M.D's brother-in-law who had a stiff wrist * a tuberculosis of the bone which cleared up. Also I saw a mexican boy who had osteomelitys of the bone which Dr. Couche cleared up with the frequency instrument. I saw George Lemm being treated by Dr. Couche for tuberculosis and he had come out from Chicago to die. He was sent from the Vulclain home. As soon as they found out that Couche was getting results, they tried to get all of their patients back but Lemm said no that he was going to finish up with Couche and he completely recovered.
103. Did you furnish Dr. Arthur W. Yale, M. D. (now deceased) with one of your electronic frequency-generators? If so, about when?
A: Yes. He ordered an instrument from the Beam Ray Corporation in 1937
104. Did Dr. Arthur W. Yale furnish you with any reports of the results of his treatment of human patients with your electronic frequency-generator device?
A: Yes
105. Did you observe the results of any of the treatments given by Dr. Arthur W. Yale?
A: Yes

106. Did you observe the condition of any of Dr. Arthur W. Yale's patients after they had been treated by him with your electronic frequency-generator? If so, what change, if any, in their condition did you observe?
A: Yes. They completely recovered from syphilis, cancer, tuberculosis, and many other infections
107. Did you perform any experiments on laboratory animals which had been inoculated with any diseases, to determine the affect upon such animals of treatment with your electronic frequency-generator?
A: Yes
108. What kind of animals did you use?
A: Albino rats, rabbits, Guina pigs
109. With what diseases were these animals inoculated?
A: Sarcoma, carcinoma, tuberculosis, typhoid, etc.
110. Were any of these animals inoculated with cancer in any form?
A: Yes
111. Describe in detail the experiments with your electronic frequency-generator?
A: Before the animal was inoculated a quarantine period of two weeks was observed with stool analysis and metabolism check up made to be sure that the animal was free of disease and in good health. On one series of cancer tests I inoculated the cancer virus that I isolated from an unulcerated human breast mass into an Albino rat and grew the tumor. I surgically removed this tumor and again isolated the virus and inoculated the next rat. I did this 411 times on one series of tests to prove that the BX or the virus which I had isolated was in reality the causative agent of cancer. This procedure is shown in a documentary film which John Crane has of this work and it also shows the virus of cancer before and after devitalization with a Rife frequency instrument. An air bubble is shown coming into the cover slip because I had not sealed it. We also did a great deal of work on tuberculosis with animals and proved that the rod form and the virus form must both be devitalized to attain results which requires two frequencies * One for each form before recovery can occur. The treatment for all of the diseases proved successful and hundreds of tests were conducted on each disease with adequate controls before the critical frequencies were established.
112. Did you compare the subsequent condition of the animals so treated with your frequency-generator with the condition of "control" animals which had been inoculated with disease but not treated with your frequency-generator? If so, describe the difference, if any, which you observed in their condition.
A: Yes. The inoculated controls died and the controls which were not inoculated were not affected.
113. About how many experiments of this kind did you make?
A: 50,000 [note: on the original document 100,000 had been type-written, crossed out and 50,000 added by hand] animal tests and 400 [15,000 type-written, crossed out and 400 written by hand] test tubes daily on my experiments.
114. Over about what period of time did you conduct these experiments?
A: 26 years
115. Did you find, from these experiments, that it made any difference which particular frequency you used in the treatment of any certain disease?
A: Yes
116. Did any disease respond exactly the same to all frequencies or a wide variety of frequencies? If so, which one?
A: No
117. Were you able to determine whether each kind of bacteria or virus which you tested was affected most by some particular frequency?
A: Yes
118. What happened when you used a different frequency on it?

A: It was not affected
123. Did you ever explain to John F. Crane, one of the defendants in this case, the principles upon which your electronic frequency-generator is used in the treatment of diseases?
A: Yes in 1950
124. Did you also inform him of the particular frequencies which you had found to be effective in the treatment of various diseases?
A: Yes. Verne Thompson and I gave the frequencies to John Crane.
125. When did you furnish him with this information?
A: In 1950
126. Did you ever request any governmental department or agency to make a test of your electronic frequency-generator to determine its effect upon diseases? If so, which one or ones?
A: Yes. The Department of Health, Education and Welfare and the National Research Council * Committee on Growth * Washington D.C., The American Cancer Society, The Damon Runyon Fund, The Slone Kettering Institute, The International Cancer Clinic and many others. They have shown no interest in an electronic method.
127. Did any one of them express willingness to make such a test, or even to observe such a test? Is so, which one?
A: Yes. The American Cancer Society was interested until they found out that John Crane and I are not medical doctors and then they called John Crane from New York and stated that they had decided to cancel the proposed project which would have shown them how to isolate the virus, make it virulent, grow the cancer tumors and how to electronically eliminate the cancer. They spend millions on drugs but nothing on electronics unless it will supplement drugs like X-Ray and radioactive treatments which put terrible scar tissue and burns inside the body and then the person has to have a great amount of dope and pain killers to keep the pain down. The drug racketeer makes ten billion dollars annually on cancer alone and with this money they have been able to have an unconstitutional law put on the books which stated that people will only be treated for cancer by medical doctors with X-Ray, radioactive treatments, and surgery creating a drug monopoly to kill cancer; slowly.
128. Did any one of them ever actually make a test of your electronic frequency-generator, using the frequencies which you had found to be effective, so far as you know?
A: No
129. Did you ever request any medical school to make a test of your electronic frequency-generator, using the frequencies which you had found to be effective?
A: Yes
130. Other than the work of the Special Committee under Dr. Milbank Johnson, did any medical school express a willingness to make such a test?
A: Yes. Work was done at the Hooper Foundation of the University of California and at Northwestern University Medical School in Chicago by Ernest Lynwood Walker and Arthur I. Kendall
131. Did you ever request any medical society to make a test of your electronic frequency-generator, using the frequencies which you had found to be effective? If so, which one or ones?
A: Yes. The American Medical Association
132. Did any medical society express a willingness to make, or to observe such a test?
A: No
133. So far as you know, has any medical society ever made a test of your electronic frequency-generator, using the frequencies which you had found to be effective?
A: No
134. Have you ever made or observed a test of the effect of the electronic frequency-generators, of the type produced by John F. Crane, one of the Defendants in this case? If so, tell us the kind of test or tests, who made such a test or tests, and what result you observed.

A: Yes. I saw the instrument kill earthworms., bacillus coli and others. I showed John Crane how to accomplish this work. [note: the text starting with "bacillus coli..." was obviously added later using a different type-writer]
135. Have you been awarded a Research Fellowship in Bio-Chemistry by any nationally-known Institute for Scientific Research?
A: Yes
136. What is the name of it?
A: Andean Anthropological Expedition

► Het BX kanker virus gevonden en gedood.
[Royal Rife – 1993-10 Nexus: Royal Raymond Rife] (zie digitale bijlage op DVD)

BACTERIA AND VIRUSES

In 19th century France, two giants of science collided. One of them is now world-renowned – Louis Pasteur. The other, from whom Pasteur stole many of his best ideas, is now essentially forgotten – Pierre Bechamp.

One of the many areas in which Pasteur and Bechamp argued concerned what is today known as pleomorphism – the occurrence of more than one distinct form of an organism in a single life cycle. Bechamp contended that bacteria could change forms. A rod-shaped bacterium could become a spheroid, etc. Pasteur disagreed. In 1914, Madame Victor Henri of the Pasteur Institute confirmed that Bechamp was correct and Pasteur wrong.

But Bechamp went much further in his argument for pleomorphism. He contended that bacteria could 'devolve' into smaller, unseen forms – what he called microzyma. In other words, Bechamp developed – on the basis of a lifetime of research – a theory that micro-organisms could change their essential size as well as their shape, depending on the state of health of the organism in which the micro-organism lived. This directly contradicted what orthodox medical authorities have believed for most of the 20th century. Laboratory research in recent years has provided confirmation for Bechamp's notion.

This seemingly esoteric scientific squabble had ramifications far beyond academic institutions. The denial of pleomorphism was one of the cornerstones of 20th century medical research and cancer treatment An early 20th century acceptance of pleomorphism might have prevented millions of Americans from suffering and dying of cancer.

In a paper presented to the New York Academy of Sciences in 1969, Dr Virginia Livingston and Dr Eleanor Alexander-Jackson declared that a single cancer micro-organ-ism exists. They said that the reason the army of cancer researchers couldn't find it was because it changed form. Livingston and Alexander-Jackson asserted:

"The organism has remained an unclassified mystery, due in part to its remarkable pleomorphism and its stimulation of other micro-organisms. Its various phases may resemble viruses, micrococci, diptheroids, bacilli, and fungi." (…)

THE MAN WHO FOUND THE CURE FOR CANCER

In 1913, a man with a love for machines and a scientific curiosity, arrived in San Diego after driving across the country from New York. He had been born in Elkhorn, Nebraska, was 25 years old, and very happily married. He was about to start a new life and open the way to a science of

health which will be honoured far into the future. His name was Royal Raymond Rife. Close friends, who loved his gentleness and humility while being awed by his genius, called him Roy.

Royal R. Rife was fascinated by bacteriology, microscopes and electronics. For the next seven years (including a mysterious period in the Navy during World War I in which he travelled to Europe to investigate foreign laboratories for the US government), he thought about and experimented in a variety of fields as well as mastered the mechanical skills necessary to build instruments such as the world had never imagined.

By the late 1920s, the first phase of his work was completed. He had built his first microscope, one that broke the existing principles, and he had constructed instruments which enabled him to electronically destroy specific pathological micro-organisms.

Rife believed that the minuteness of the viruses made it impossible to stain them with the existing acid or aniline dye stains. He'd have to find another way. Somewhere along the way, he made an intuitive leap often associated with the greatest scientific discoveries. He conceived first the idea and then the method of staining the virus with light He began building a microscope which would enable a frequency of light to coordinate with the chemical constituents of the particle or micro-organism under observation.

Rife's second microscope was finished in 1929. In an article which appeared in the Los Angeles Tunes Magazine on December 27, 1931, the existence of the light-staining method was reported to the public:

"Bacilli may thus be studied by their light, exactly as astronomers study moons, suns, and stars by the light wnich comes from them through telescopes. The bacilli studied are living ones, not corpses killed by stains."

Throughout most of this period. Rife also had been seeking a way to identify and then destroy the micro-organism which caused cancer. His cancer research began in 1922. It would take him until 1932 to isolate the responsible micro-organism which he later named simply the "BX virus".

THE EARLY 1930s

In 1931, the two men who provided the greatest professional support to Royal R. Rife came into his life. Dr Arthur I. Kendall, Director of Medical Research at Northwestern University Medical School in Illinois, and Dr Milbank Johnson, a member of the board of directors at Pasadena Hospital in California and an influential power in Los Angeles medical circles.

Dr Kendall had invented a protein culture medium (called "K Medium" after its inventor) which enabled the 'filtrable virus' portions of a bacteria to be isolated and to continue reproducing. This claim directly contradicted the Rockefeller Institute's Dr Thomas Rivers who in 1926 had authoritatively stated that a virus needed a living tissue for reproduction. Rife, Kendall and others were to prove within a year that it was possible to cultivate viruses artificially. Rivers, in his ignorance and obstinacy, was responsible for suppressing one of the greatest advances ever made in medical knowledge.

Kendall arrived in California in mid-November 1931 and Johnson introduced him to Rife. Kendall brought his "K Medium" to Rife and Rife brought his microscope to Kendall.

A typhoid germ was put in the "K Medium", triple-filtered through the finest filter available, and the results examined under Rife's microscope. Tiny, distinct bodies stained in a turquoise-blue

light were visible. The virus cultures grew in die "K Medium" and were visible. The viruses could be 'light'-stained and then classified according to their own colours under Rife's unique microscope.

A later report which appeared in the Smithsonian's annual publication gives a hint of the totally original microscopic technology which enabled man to see a deadly virus-size micro-organism in its live state for the first time (the electron microscope of later years kills its specimens):

"Then they were examined under the Rife microscope where the filterable virus form of typhoid bacillus, emitting a blue spectrum colour, caused the plane of polarization to be deviated 4.8 degrees plus. When the opposite angle of refraction was obtained by means of adjusting the polarizing prisms to minus 4.8 degrees and the cultures of viruses were illuminated by the monochromatic beams coordinated with the chemical con-stituents of the typhoid bacillus, small, oval, actively motile, bright turquoise-blue bodies were observed at 5,000X magnification, in high contrast to the colorless and motionless debris of the medium. These tests were repeated 18 times to verify the results."

Following the success, Dr Milbank Johnson quickly arranged a dinner in honour of the two men in order that the discovery could be announced and discussed. More man 30 of the most prominent medical doctors, pathologists, and bacteriologists in Los Angeles attended this historic event on November 20,1931. Among those in attendance were Dr Alvin G. Foord, who 20 years later would indicate he knew little about Rife's discoveries, and Dr George Dock who would serve on the University of Southern California's Special Research Committee overseeing the clinical work until he, too, would 'go over' to the opposition.

On November 22, 1931, the Los Angeles Times reported this important medical gathering and its scientific significance:

"Scientific discoveries of the greatest magnitude, including a discussion of the world's most powerful microscope recently perfected after 14 years' effort by Dr Royal R. Rife of San Diego, were described Friday evening to members of the medical pro-fession, bacteriologists and pathologists at a dinner given by Dr Milbank Johnson in honour of Dr Rife and Dr A. I. Kendall.

"Before the gathering of distinguished men, Dr Kendall told of his researches in cultivating the typhoid bacillus on his new "K Medium". The typhoid bacillus is nonfilterable and is large enough to be seen easily with microscopes in general use. Through the use of "Medium K", Dr Kendall said, the organism is so altered that it cannot be seen with ordinary microscopes and it becomes small enough to be ultra-microscopic or filter-able. It then can be changed back to the microscopic or non-filterable form.

"Through the use of Dr Rife's powerful microscope, said to have a visual power of magnification to 17,000 times, com-pared with 2,000 times of which the ordinary microscope is capable, Dr Kendall said he could see the typhoid bacilli in the filterable or formerly invisible stage. It is probably the first time the minute filterable (virus) organisms ever have been seen.

"The strongest microscope now in use can magnify between 2,000 and 2,500 times. Dr Rife, by an ingenious arrangement of lenses applying an entirely new optical principle and by introducing double quartz prisms and powerful illuminating lights, has devised a microscope with a lowest magnification of 5,000 times and a maximum working magnification of 17,000 times.

"The new microscope, scientists predict, also will prove a development of the first magnitude. Frankly dubious about the perfection of a microscope which appears to transcend the lim-its set

by optic science, Dr Johnson's guests expressed them-selves as delighted with the visual demonstration and heartily accorded both Dr Rife and Dr Kendall a foremost place in the world's rank of scientists."

Five days later, the Los Angeles Times published a photo of Rife and Kendall with the microscope. It was the first time a picture of the super microscope had appeared in public. The headline read, "The World's Most Powerful Microscope".

Meanwhile, Rife and Kendall had prepared an article for the December 1931 issue of California and Western Medicine. "Observations on Bacillus Typhosus in its Filtrable State" described what Rife and Kendall had done and seen. The journal was the official publication of the state medical associations of California, Nevada and Utah.

The prestigious Science magazine then carried an article which alerted the scientific community of the entire nation. The December 11, 1931 Science News supplement included a section titled, "Filtrable Bodies Seen With The Rife Microscope". The article described Kendall's filtrable medium culture, the turquoise-blue bodies which were the filtered form of the typhoid bacillus, and Rife's microscope. It included the following description:

"The light used with Dr Rife's microscope is polarized, that is, it is passing through crystals that stop all rays except those vibrating in one particular plane. By means of a double reflecting prism built into the instrument, it is possible to turn this plane of vibration in any desired direction, controlling the illumination of the minute objects in the field very exactly."

On December 27, 1931, the Los Angeles Times reported that Rife had demonstrated the microscope at a meeting of 250 scientists. The article explained:

"This is a new kind of magnifier, and the laws governing microscopes may not apply to it ... Or Rife has developed an instrument that may revolutionize laboratory methods and enable bacteriologists like Or Kendall, to identify the germs that produce about 50 diseases whose causes are unknown ..." (…)

"BX"—THE VIRUS OF CANCER

Rife began using Kendall's "K Medium" in 1931 in his search for the cancer virus. In 1932, he obtained an unulcerated breast mass that was checked for malignancy from the Paradise Valley Sanitarium of National City, California. But the initial cancer cultures failed to produce the virus he was seeking.

Then a fortuitous accident occurred. The May 11, 1938 Evening Tribune of San Diego later described what happened:

"But neither the medium nor the microscope were sufficient alone to reveal the filter-passing organism Rife found in cancers, he recounted. It was an added treatment which he found virtually by chance that finally made this possible, he related. He happened to test a tube of cancer culture within the circle of a tubular ring filled with argon gas activated by an electrical current, which he had been using in experimenting with electronic bombardment of organisms of disease. His cancer culture happened to rest there about 24 hours (with the current on the argon gas-filled tube), and then he noticed (under the microscope) that its appearance seemed to have changed. He studied and tested this phenomenon repeatedly, and thus discovered (cancer virus) filter-passing, red-purple granules in the cultures."

The BX cancer virus was a distinct purplish-red colour. Rife had succeeded in isolating the filterable virus of carcinoma.

Rife's laboratory notes for November 20,1932, contain the first written description of the cancer virus characteristics. Among them are two, unique to his method of classification using the Rife microscope: angle of refraction – 12-3/10 degrees; colour by chemical refraction – purple-red.

The size of the cancer virus was indeed small. The length was 1/15 of a micron. The breadth was 1/20 of a micron. No ordinary light microscope, even in the 1980s, would be able to make the cancer virus visible.

Rife and his laboratory assistant E. S. Free proceeded to confirm his discovery. They repeated the method 104 consecutive times with identical results.

In time, Rife was able to prove that the cancer micro-organism had four forms:

1) BX (carcinoma);
2) BY (sarcoma—larger than BX);
3) Monococcoid form in the monocytes of the blood of over 90% of cancer patients. When properly stained, this form can be readily seen with a standard research microscope;
4) Crytomyces pleomorphia fungi—identical morphologically to that of the orchid and of the mushroom.

Rife wrote in his 1953 book: "Any of these forms can be changed back to "BX" within a period of 36 hours and will produce in the experimental animal a typical tumour with all the pathology of true neoplastic tissue, from which we can again recover the "BX" micro-organism. This complete process has been duplicated over 300 times with identical and positive results.

Rife had proved pleomorphism. He had shown how the cancer virus changes form, depending on its environment. He had confirmed the work of Bechamp, of Kendall, of Rosenow, of Welch, and an army of pleomorphist bacteriologists who would come after him and have to battle the erroneous orthodox laws of Rivers and his legions of followers.

Rife said, "In reality, it is not the bacteria themselves that produce the disease, but the chemical constituents of these micro-organisms enacting upon the unbalanced cell metabolism of the human body that in actuality produce the disease. We also believe if the metabolism of the human body is perfectly balanced or poised, it is susceptible to no disease."

But Rife did not have time to argue theory. He would leave that for others. After isolating the cancer virus, his next step was to destroy it. He did this with his frequency instruments—over and over again. And then he did it with experimental animals, inoculating them, watching the tumours grow, and then killing the virus in their bodies with the same frequency instruments tuned to the same "BX" frequency.

Rife declared in 1953:

"These successful tests were conducted over 400 times with experimental animals before any attempt was made to use this frequency on human cases of carcinoma and sarcoma."

In the summer of 1934,16 terminally ill people with cancer and other diseases were brought to the Scripps 'ranch'. There, as Rife and the doctors worked on human beings for the first time,

they learned much. In 1953 when Rife copyrighted his book, he made the real report of what happened in 1934. He wrote:

"With the frequency instrument treatment, no tissue is destroyed, no pain is felt, no noise is audible, and no sensation is noticed. A tube lights up and 3 minutes later the treatment is completed. The virus or bacteria is destroyed and the body then recovers itself naturally from the toxic effect of the virus or bacteria. Several diseases may be treated simultaneously.

"The first clinical work on cancer was completed under the supervision of Milbank Johnson, MD, which was set up under a Special Medial Research Committee of the University of Southern California. 16 cases were treated at the clinic for many types of malignancy. After 3 months, 14 of these so called hopeless cases were signed off as clinically cured by the start of five medical doctors and Dr Alvin G. Foord, MD, pathologist for the group. The treatments consisted of 3 minutes duration using the frequency instrument which was set on the mortal oscillatory rate for "BX" or cancer (at 3-day intervals). It was found that the elapsed time between treatments attains better results than the cases treated daily. This gives the lymphatic system an opportunity to absorb and cast off the toxic condition which is produced by the devitalised dead particles of the "BX" virus. No rise of body temperature was perceptible in any of these cases above normal during or after the frequency instrument treatment. No special diets were used in any of this clinical work, but we sincerely believe that a proper diet compiled for the individual would be of benefit" Date: December 1,1953.

Other members of the clinic were Whalen Morrison, Chief Surgeon of the Santa Fe Railway; George C. Dock, MD, internationally famous; George C Fischer, MD, Children's Hospital in New York; Arthur I. Kendall; Dr Zite, MD, Professor of Pathology at Chicago University, Rufus B. Von Klein Schmidt, President of the University of Southern California.

Dr Couche and Dr Carl Meyer, PhD, head of the Department of Bacteriological Research at the Hooper Foundation in San Francisco, were also present Dr Kopps of the Metabolic Clinic in La Jolla signed all 14 reports and knew of all the tests from his personal observation.

In 1956, Dr James Couche made the following declaration:

"I would like to make this historical record of the amazing scientific wonders regarding the efficacy of the frequencies of the Royal R. Rife Frequency Instrument …

"When I was told about Dr Rife and his frequency instrument at the Ellen Scripps home near the Scripps Institute Annex some twenty-two years ago, I went out to see about it and became very interested in the cases which he had there. And the thing that brought me into it more quickly than anything was a man who had a cancer of the stomach. Rife was associated at that time with Dr Milbank Johnson, MD, who was then president of the Medical Association of Los Angeles, a very wealthy man and a very big man in the medical world—the biggest in Los Angeles and he had hired this annex for this demonstration over a summer of time.

"In that period of time I saw many things and the one that impressed me the most was a man who staggered onto a table, just on the last end of cancer; he was a bag of bones. As he lay on the table, Dr Rife and Dr Johnson said, 'Just feel that man's stomach.' So I put my hand on the cavity where his stomach was underneath and it was just a cavity almost, because he was so thin; his backbone and his belly were just about touching each other.

"I put my hand on his stomach which was just one solid mass, just about what I could cover with my hand, somewhat like the shape of a heart. It was absolutely solid. And I thought to myself,

well, nothing can be done for that. However, they gave him a treatment with the Rife frequencies and in the course of time over a period of six weeks to two months, to my astonishment, he completely recovered. He got so well that he asked permission to go to El Centro as he had a farm there and he wanted to see about his stock. Dr Rife said, 'Now you haven't the strength to drive to El Centro.'

"Oh, yes,' said he. 'I have, but I'll have a man to drive me there.' As a matter of fact, the patient drove his own car there and when he got down to El Centro he had a sick cow and he stayed up all night with it. The next day he drove back without any rest whatsoever—so you can imagine how he had recovered.

"I saw other cases that were very interesting. Then I wanted a copy of the frequency instalment. I finally bought one of these frequency instruments and established it in my office.

"I saw some very remarkable things resulting from it in the course of over twenty years."

Footnote:

Biophysicists have now shown that there exists a crucial natural interaction between living matter and photons. This process is measurable at the cellular (bacterium) level. Other research has demonstrated that living systems arc extraordinarily sensitive to extremely low-energy electromagnetic waves. This is to say, each kind of cell or micro-organism has a specific frequency of interaction with the electromagnetic spectrum. By various means, Rife's system allowed adjusting the frequency of light impingeing on the specimen. By some insight he learned that the light frequency could be 'tuned' into the natural frequency of the micro-organism being examined to cause a resonance or feedback loop. In effect, under this condition, it can be said the micro-organism illuminated itself.

Rife extrapolated from his lighting technique, which we may be certain he undestood, that specific electromagnetic frequencies would have a negative effect on specific bacterial forms. There can remain no doubt that Rife demonstrated the correctness of his hypothesis to himself and those few who had the courage to look and the perceptual acuity to see! The same new discoveries in biophysics not only explain Rife's principle of illumination; they also explain his process for selective destruction of bacteria. The latter phenomenon is similar to ultrasonic cleaning, differing in delicate selectivity of wave form and frequency. Recently, researchers whose findings have been suppressed, have caused and cured cancer in the same group of mice by subjecting them to certain electromagnetic fields. Rife's work was far more sophisticated. He selected specific microscopic targets, and actually saw the targets explode.

A body of recognised scientific evidence now overwhelmingly supports the original cancer theories articulated and demonstrated by Rife fifty years ago. This includes modern AIDS research.

Bij beide methoden, vermeld in b), is de therapie voornamelijk gericht op de uitschakeling van de ziekteverwekkers. De heling is echter een aangelegenheid van het lichaam zelf. De mens heeft van de Schepper een perfect lichaam gekregen dat instaat is om, waar nodig met behulp van de geest, zichzelf te helen. Het moet daarom in een optimale conditie gebracht en gehouden worden, zoals onder andere hierboven in a) is aangegeven. Verder is het in beide gevallen wenselijk dat voorafgaand aan de therapie het lichaam volgens specifieke methoden ontgift wordt, en dat als onderdeel van de therapie het lichaam schoongemaakt wordt van de dode ziekteverwekkers.

◘ Homeopathie

De gedachte achter homeopathie wordt door Mercola als volgt kort samengevat:
"Homeopathic solutions themselves contain miniscule doses of plants, minerals, animal products or other compounds that cause symptoms similar to what you are already experiencing. The remedies have been diluted many times over, and the idea is that the substance will stimulate your body's own healing powers."

Voor een historisch overzicht hoe homeopathie vaste grond onder de voet kreeg in de USA en de dogmatische strijd ertegen door de conventionele geneeskunde, zie het artikel 'Homeopathy, Economics, and Government' van Linda Johnston, MD, DHt [Mercola – 2002-10-16 Homeopathy, Economics, and Government] (zie digitale bijlage op DVD)

In het volgend artikel geeft Amy Lansky, PhD een goede inleiding van homeopathie.
[Mercola – 2009-12-22 Could this 'Forbidden Medicine' eliminate the need for drugs (Amy Lansky, PhD about Homeopathy)] (zie digitale bijlage op DVD)
Amy is een directielid van het National Center for Homeopathy in de USA.

How I Broke Out of the Mold and Reliance on Failed Medical Therapies

Of course, I used to be a lover of conventional medicine like most people. Back in the early 1990s, my husband Steve Rubin and I were both computer researchers in Silicon Valley and followed our doctors' instructions obediently, loading our kids up with every recommended vaccine on schedule. Our allopathic trance began to break in 1994 when our 3-year-old son Max began to show signs of autism.

I first read about homeopathy in the January 1995 issue of Mothering Magazine, which contained an article about the successful homeopathic treatment of ADD and other children's behavioral problems [16]. Steve and I decided to give it a try and found a practitioner in our area. Within a week we began to see small and subtle improvement in Max – improvement that became a slow and steady trend. After two years of treatment, he was testing normally and was released from eligibility for special education benefits. His speech and language therapist told the county representative that she had never seen an autistic child recover like Max had, and she fully credited homeopathy for his recovery. By the time he was eight, nearly all signs of Max's autism were gone. Today he is 18, a freshman at a leading university, completely autism free, and without restrictions of any kind.

Needless to say, this experience was both mind-boggling and life-transforming. I began to study homeopathy myself and ultimately wrote what became the best-selling patient education book in the USA – Impossible Cure: The Promise of Homeopathy [17] – a comprehensive introduction to homeopathic history, philosophy, science, and experience, sprinkled with dozens first-person cure stories for a variety of ailments, along with a chapter about Max's cure.

In the end, I left my work in computer science and devoted myself to letting others know about the healing powers of homeopathy. I got involved in the successful campaign for health freedom legislation in California too [18]. Steve also got involved and developed the National Vaccine Information Center's online interface to the VAERS database [19] (the CDC's public record of vaccine injuries). I guess Max's healing led us both to become alternative medicine activists, and we haven't looked back.

(...) ... homeopathy has been a threat to allopathy ever since the 1800s, when German physician Samuel Hahnemann developed the homeopathic system.

Founder of Homeopathy

Hahnemann, a respected doctor and chemist who helped to pioneer the importance of hygiene as well as homeopathy, was forced to move frequently during his life because the local German apothecaries objected to the fact that he created his own medicines rather than use theirs. A fierce battle was also waged against homeopathy in the United States during the 1800s, where homeopathy had achieved a strong presence by 1840. In fact, in 1847, the American Medical Association (AMA) was formed specifically to fight the battle against homeopathy. Most homeopaths of the 1800s were former allopaths who had abandoned their brethren because they found Hahnemann's system to be more successful in battling cholera, typhus, yellow fever, diptheria, influenza, and other epidemics of the 1800s. In retaliation, the preamble to the AMA's charter forbade its members to associate with homeopaths or to use their medicines, and many doctors were expelled for failing to comply.

But does homeopathy really pose such a threat to conventional medicine today? To see how the little David of homeopathy could take down the Goliath of big pharma, we need to take a closer look at what homeopathy is all about.

Like Cures Like – Law of Similars

Homeopathic practice is based on a single law of therapeutics called the Law of Similars. This law states that a substance that can cause the symptoms of a disease can also cure it. In fact, that's exactly what word "homeopathy" means: similar ("homeo") suffering ("pathy"). For example, one reason that the remedy Coffea Cruda (made from coffee) can be curative for insomnia is that coffee can cause sleeplessness. Interestingly, allopaths sometimes utilize the Law of Similars, but are unaware of it when they do and are perplexed by the phenomenon. Ask any conventional doctor why Ritalin (a substance that would normally cause hyperactivity) can treat hyperactivity in children, and they'll scratch their heads in confusion. Ask a homeopath, and it's a no-brainer: the Law of Similars.

The reason why homeopaths run into trouble with the skeptics, though, revolves around how homeopathic remedies are prepared. Obviously, many of the substances that can cause the symptoms of disease are toxic. This inherent toxicity poses a challenge if you want to administer these substances safely. In an effort to deal with this problem, Hahnemann tried various methods of diluting his medicines so that they would become less harmful to his patients. This proved unsuccessful until he also incorporated vigorous shaking or succussion into the process. The result was a method that he called potentization, in which a substance is serially diluted and succussed over and over. Much to Hahnemann's own surprise, these ultradilutions – so dilute that they cannot possibly contain a single molecule of the original substance – were still potent therapeutically. In fact, they were even more potent than low levels of dilution. Of course, this was and still is too much for the skeptics to bear. It turns much of accepted science on its head!

What the skeptics keep ignoring, however, are an increasing number of scientific studies that indicate that some kind of signature of the original substance is embedded in a potentized ultradilution. In a 2007 paper by Professor Rustom Roy, the founding director of the Materials Research Laboratory at Penn State and one of the world's leading experts on the structure of water, it was demonstrated that lab instruments could pick up energetic signatures in ultradilutions that were not only specific to individual homeopathic remedies, but to specific potencies of these remedies [9, 10].

Indeed, science has backed up the phenomenon of potentization for over 20 years. In 1988, Nobel Prize nominee and medical researcher Jacques Benveniste turned the course of his life upside down when he discovered that ultradilutions could retain substance-specific properties. In particular, he found that a certain antibody could be serially diluted and succussed beyond the point where a single molecule could remain, but still cause the same effects [11].

Naturally, the skeptics quickly attacked Benveniste. But he continued his work and further demonstrated that the electromagnetic signature of an ultradilution could be recorded electronically, transmitted via Email, replayed into water, and still achieve the same substance-specific effects in the laboratory [12]. Eventually, Benveniste's results were replicated [13]. Most recently, a 2009 paper by Nobel Prize winner Luc Montagnier underscored the power of ultradilutions too [14].

Drug Companies are Running Scared

Now think about it. This is what big pharma is scared of. What if an expensive drug could be potentized to create billions of effective doses at essentially no cost? It would destroy big pharma entirely. Medicines that cost essentially nothing? Nontoxic ultradiluted medicines that cause fewer side effects? How could the coffers of big pharma be sustained? Forget about the Law of Similars. It's potentization – the process of creating effective ultradilutions – that big pharma is scared of! (...) This one word is the small stone that could take Goliath down.

Of course, homeopaths add fuel to the fire. The fundamental philosophy of homeopathy implies that the primary tools of allopathy are harmful. In particular, homeopaths believe that suppressing symptoms with anti-pathic drugs – drugs that oppose the symptoms of a disease rather than mimic them – cannot cure and can even do harm. If a symptom is suppressed – for example, if a seasonal allergy is suppressed by an antihistamine – it is only temporarily palliated.

A patient still has allergic tendencies and his or her symptoms will eventually return. That's why suppressive drugs must be taken again and again. And of course, big pharma loves that! It's good for business.

Deceptive Cures

Unfortunately, if a substance succeeds in completely suppressing a symptom, there may be an illusion of "cure," but the real result is more sinister. Another key tenet of homeopathy is that the true result of suppression is a deepening of the underlying disease state – because the energy of the disease is now forced to manifest in a more serious way. That's why repeated application of cortisone cream to eczema can lead to asthma. That's why the suppression of arthritis pain can lead to heart disease. That's why teenagers who take acne drugs sometimes develop suicidal depression. Doctors call this phenomenon a "side effect" or a "natural disease progression." But that's because they don't understand the effects of suppression or the signs of true cure.

Over the past two hundred years, homeopaths have discovered that homeopathic medicines – drugs that mimic a person's symptoms rather than oppose them – can lead to genuine cure of chronic disease, not mere palliation or suppression. Rather than creating a deeper disease, a homeopathic medicine that is similar to a patient's disease can not only cure it, but reveal previously suppressed layers of disease that can be treated too.

That's why good homeopathic treatment can often cure asthma – and also reveal and treat previously suppressed eczema. That's why it has the potential to cure arthritis and chronic bladder infections, not simply palliate them with endless medications. Indeed, homeopathy can

effectively treat acute diseases like influenza and bacterial infections too. With its ability to successfully treat both chronic and acute disease with low-cost medicines, homeopathy really could be a threat to big pharma, given half a chance.

Ideal for Poor Countries or Rich Ones with Declining Economies

Poor countries with less access to expensive drugs have already discovered this. That's why homeopathy is the second most widespread form of medicine in the world. In India, homeopathy is a full-fledged medical system with its own medical schools and hospitals. Homeopaths in India successfully treat the full range of diseases, including AIDS, cancer, and malaria.

In Cuba, a poor country with a health care system that often does better than our own, homeopathy is being used more and more. In 2008, 2.5 million Cubans were given a homeopathic remedy to prevent Leptospirosis, an infectious disease also known as swamp fever. This disease has plagued the country for several years in the aftermath of flooding, but the year in which homeopathy was used, in contrast to previous years, there were no fatalities and very few cases of the disease [15].

But here's the rub. Homeopathy is harder to practice than allopathy. There are no cookie-cutter cures, especially for chronic disease. (Luckily, however, effective treatment of epidemic diseases like the flu is easier; see Resources.) Each patient's health pattern is unique, so each patient must be treated as an individual. A homeopath must find a single remedy (among thousands of possible homeopathic remedies) whose associated symptoms match those of the patient – not just their main complaint, but their entire symptom picture that includes emotional, mental, behavioral, as well as the physical symptoms of the entire body. It's a daunting task. A practitioner who practices classical homeopathy (the kind of homeopathy I advocate) typically needs at least two hours for an initial case interview and may spend just as long deciding upon a remedy. And sometimes it takes a homeopath several tries to find just the right remedy – the one that homeopaths call the simillimum. This process also requires patients to engage in their own treatment, because symptoms are gathered not by machines or by using tests, but through direct communication between patient and homeopath.

Of course, this is not something big pharma, conventional doctors, or insurance companies would be happy about. No expensive medicines or tests or equipment needed? No five-minute appointments reimbursed at $300 a shot? A medical system that requires long appointments, time for case analysis, and patients who must participate in the healing process? Not very lucrative.

De hierboven beschreven alternatieve methoden en technieken liggen op het fysieke vlak. Echter, er zijn ook methoden en technieken die liggen op het emotionele, het mentale en het geestelijke vlak, waarin met krachten en energieën gewerkt wordt, die gevoed worden vanuit een hogere dimensie. De vele geestelijke en levensbeschouwlijke stromingen die ons volk rijk is – zowel traditioneel als modern – en die deze kennis in huis hebben, zullen u daar meer over kunnen vertellen. Allen die actief zijn in de sector van alternatieve geneeswijzen wachten echter op de uitgestoken hand van de gezagsdragers die hen uitnodigen om mee te helpen om de openbare gezondheidszorg zodanig in te richten, dat alle binnen ons volk beschikbare kennis over leven en gezondheid daarin verenigd wordt. Daarmee zal de dictatuur van het 'ene' over het 'andere' in deze sector van het maatschappelijk leven beëindigd worden, om plaats te maken voor vrijheid, democratie en soevereiniteit binnen de openbare gezondheidszorg, in overeensteming met de door ons volk geheiligde principes van 'Eenheid in Verscheidenheid' c.q. 'Harmonie in Diversiteit'.

CONCLUDEREND BETOOG

Vaccinatie maakt de gezondheid en het leven van gevaccineerden tot de inzet van een **luguber roulettespel**, waarin elk giftig ingedriënt van elk vaccin dat ingebracht wordt in ons lichaam op zich een variabele factor is in het veroorzaken van ziekten, en waarin de schadelijke uitwerkingen van deze ingedriënten ook verschijningsvormen van synergetische toxiciteit met zich mee kunnen brengen, inclusief de dood.

Met name is dat het geval bij de vaccinatie van baby's, van wie de organische stelsels en systemen zich nog in een precair ontwikkelingsstadium bevinden en nog niet volgroeid zijn. Deze tere wezentjes, die toch al zeer veel moeten doorstaan in de overgang van hun bestaanswijze vóór de geboorte (in de baarmoeder) en na de geboorte, worden op een **brute en barbaarse wijze** – ik heb er geen andere woorden voor – aan de volgende serie door de staat Suriname verplicht gestelde vaccinaties onderworpen:

- **Direct na de geboorte: Hepatitis B**
- **Na 2, 4 en 6 maanden elke keer 6 vaccins:**
  Difterie-Kinkhoest-Tetanus (DKT)
  Haemophilus Influenzae B (HIB)
  Hepatitis B
  OPV (oraal polio vaccin)
- **Na 12 maanden 4 vaccins:**
  Bof-Mazelen-Rode Hond (BMR)
  Gele Koorts
- **Na 18 maanden 4 vaccins:**
  Difterie-Kinkhoest-Tetanus (DKT)
  OPV

En hierna komen er nog vele meer!!!
Vaak worden de baby's direct na de geboorte gevaccineerd met het Hepatitis B vaccin zonder eerst toestemming van de moeder te vragen, alsof dat de gewoonste zaak van de wereld is. Het wordt hen achteraf gewoon meegedeeld dat het al gebeurd is.

Welke vaccinator is bereid om de uitdaging van Viera Scheibner, zoals hierboven beschreven op bladzijde 94/95, te aanvaarden en in een periode van 18 maanden volgens dit schema deze vaccins ingespoten te krijgen, in vaccin-volumes die aangepast zijn aan zijn lichaamsgewicht?

Heer President, in de scheppingsdaad heeft de Schepper een specifiek doel voor ogen. Al het geschapene krijgt van de Schepper datgene mee dat nodig is om in de wereld waarin zij zich bevinden te bestaan en de rol te vervullen die in het geheel der dingen voor hen is weggelegd, in overeenstemming met dat wat in hun Goddelijke Blauwdruk is vastgelegd. Al het geschapene krijgt de beschikking over een lichaam en een geest die hen instaat stelt om de vermogens waarmee zij begiftigd zijn optimaal te benutten.

> **Een gezond lichaam en een gezonde geest vormen tezamen met reine lucht, rein water en gezond voedsel een heilige eenheid. De onbelemmerde toegang tot en behoud van deze primaire levensvoorwaarden is een onvervreemdbaar recht van de mens.**

Indachtig dit onvervreemdbaar recht, wellen woorden als "bruut" en "barbaars" vanuit het diepst van mijn hart op als ik zie wat vaccinatoren **gezonde** zwangere vrouwen en **gezonde** baby's aandoen met het **herhaaldelijk** inbrengen van **toxinen** in hun lichaam, onder welk mom dan ook, terwijl zij reeds

op grond van de bijsluiters van de vaccins (kunnen) **weten** welke schade deze toxinen lichamelijk en geestelijk kunnen berokkenen, en dat dit met betrekking tot de baby's bovendien geschied onder omstandigheden van feitelijke oplegging aan hun ouders/voogden, op straffe van het ontzeggen van schoolonderwijs aan hun kinderen.

Het onvervreemdbaar recht op leven, gezondheid en het onbelemmerd behoud van een gezond lichaam en een gezonde geest – behorend tot de universele rechten en vrijheden van de mens – worden hiermee ernstig geschonden. Geen enkele aardse vlag kan deze lading dekken.

Vergist U zich niet! Er zal een tijd komen waarin dit besef zal ontwaken binnen het collectief (massa)bewustzijn van de mensheid, waarin volkeren zullen oordelen over deze praktijken en waarin de hoofddaders zich zullen moeten verantwoorden. En die tijd is niet ver van nu verwijderd, want wij leven nu in het Aquarius Tijdperk, de Tijd van Verlichting.

Een soortgelijk ontwakingsproces is mondiaal reeds gaande voor wat betreft de ernstige vormen van vervuiling van water en lucht en voor wat betreft de vernietiging van de aarde en de natuur; de schending van het onvervreemdbaar recht aangaande andere delen van de voornoemde heilige eenheid. Ons land kan, God Zij Dank, bogen op belangrijke verworvenheden op dit gebied. De regering heeft recentelijk een 'groene' ontwikkelingsvisie en -strategie gepresenteerd en heeft zich gepositioneerd om – uitgaande van deze visie – internationaal een leidende rol te vervullen in de discussies en de besluitvorming in deze kwesties. Wat nu nodig is, is dat deze inzichten ook toegepast worden in ons land op de andere delen van de hierboven vermelde heilige eenheid:

- Het onbelemmerd behoud van een gezond lichaam, en het recht op vrije keuze om dat naar eigen inzichten totstand te brengen;
- het onbelemmerd behoud van een gezonde geest, en het recht op vrije keuze om dat naar eigen inzichten totstand te brengen;
- de onbelemmerde toegang tot gezond voedsel, en het recht op vrije keuze om dat naar eigen inzichten totstand te brengen.

De issues zijn hetzelfde: Het stoppen van de vervuiling van lichaam en geest met toxinen die (onder andere) in vaccins zitten. Het stoppen van de vervuiling van voedsel met toxinen en met de gevolgen van genetische manipulatie.

Het is nog maar kort geleden dat autoriteiten in de landen der wereld – en ook in ons land – door een soortgelijk ontwakingsproces heen zijn gegaan, toen zij hun weg baanden door het web van hallucinerende gedachtenspinsels die de tabaksindustrie om hen heen geweven had als zou er geen causaal verband bestaan tussen cigaretten en longkanker. Hoeveel meer fetussen, baby's, kinderen en ook volwassenen zullen geofferd worden alvorens de autoriteiten zich van identieke hallucinerende gedachtenspinsels ontdoen die de farmaceutische industrie om hen heen geweven heeft als zou er geen causaal verband bestaan tussen vaccinatie en de verzieking van het lichaam en beknotting van de geest?

Heer President, ik nodig U uit om met dezelfde bril naar het vaccinatiegebeuren te kijken, waardoorheen U circa 100 jaar terugkijkt in de tijd waarin onze samenleving nog doordrongen was van het koloniaal denken en gekoloniseerden in het algemeen nog op basis daarvan handelden, uitgezonderd met name de inheemsen en de marrons. Er was een wereldwijde 'wind of change' nodig om dat te veranderen. Het onafhankelijk denken, gericht op het verwerven van soevereiniteit, hield echter maar stand voor een relatief korte periode. Het neokoloniaal denken kwam ervoor in de plaats, gepaard gaand met het liberaal-economisch denken in een in toenemende mate verwestersende en 'globaliserende' wereld, ook nu weer met de 'grote spelers' in het buitenland. En wij namen maar al te vaak klakkeloos over van wat uit de kokers van deze 'grote spelers' kwam,

rechtstreeks van hen of via hun formele en informele internationale en nationale werkarmen naar de volkeren van de wereld toe … tot de dag van vandaag.

Het bewustzijn binnen ons volk is groeiende dat bepaalde internationale organisaties op het financieel-economisch vlak, zoals de WTO, IMF en Wereldbank, en de aan hen gerelateerde organisaties en instituten, inderdaad zulke werkarmen zijn. Het verbaast me echter steeds weer om waar te nemen hoezeer leidinggevende functionarissen binnen het medisch establishment, maar ook daarbuiten, als het ware 'in het gelid springen' als de WHO zijn stem laat horen. Is het een uiting van blind vertrouwen in wat Guylaine Lanctôt typeert als 'Zijne Heiligheid' de WHO? Is de nu in uitvoering zijnde vaccinatie campagne, eerst (1x) tegen de seizoengriep en nu (2x) tegen de zogenaamd 'pandemische' A/H1N1 varkensgriep, het uitvoeren van een 'bevel', gegeven door de WHO?

De harde realiteit is, dat achter dit 'aureool' rondom de WHO van het zogenaamd onbaatzuchtig voorstaan van de gezondheid van de mensheid en de nobele intenties om de naties der wereld op dit gebied te dienen, het farmaceutisch-industrieel complex zijn plaats ingenomen heeft in de rij van het militair-industrieel complex, dat wij na de 2e wereldoorlog in actie hebben kunnen zien, en het monetair-financieel complex, wiens ware aard zichtbaar werd in de huidige mondiale financieële crisis. De 4e pilaar van dit wereldomvattend supranationaal lichaam dat in alle stilte ook zijn plaats achter de coulissen ingenomen heeft, is het voedsel-industrieel complex (gefaciliteerd door met name de FAO), dat zich in zijn koppeling met het farmaceutisch-industrieel complex (gefaciliteerd door met name de WHO) publiekelijk zal manifesteren als de Codex Alimentarius, de Voedsel Code.

De **Codex Alimentarius**, die in alle stilte wordt voorbereid, zal een nieuwe vorm van oplegging van de wil van de voedsel- en farmaceutische industrie, via de FAO en de WHO, aan de landen der wereld zijn om de landen via de WTO te dwingen alle vervuilde, ongezonde en genetisch gemanipuleerde voedingsmiddelen in hun land toe te laten. Tevens zullen de sterk in aantal toenemende mensen die kiezen voor gezond voedsel en voedingssupplementen die rijk zijn aan vitaminen en mineralen, ernstig beperkt worden in hun keuze, omdat de producenten gedwongen zullen worden om, zogenaamd op 'wetenschappelijke' gronden (!), voedingssupplementen te maken die arm zullen zijn aan vitaminen en mineralen. Klinkt dit u niet bekend in de oren? De Codex Alimentarius zal per 1 januari 2010 reeds een feit zijn voor de Europese Unie. Een Codex Alimentarius commissie van LVV is al geruime tijd bezig om de aan hen gegeven taken uit te voeren. Gaat de Regering de oplegging van de wil van de voedsel- en farmaceutische industrie, via de FAO, WHO en WTO accepteren? Gaat de Nationale Assemblee dat goedkeuren?

De volgende citaten uit het artikel 'The Pharmaceutical Industrial Complex – A Deadly Fairy Tale' van Doug Henderson and Gary Null, gepubliceerd op 20 october 2009, geven een beeld van **het farmaceutisch-industrieel complex**. [Doug Henderson and Gary Null – 2009-10-20 The Pharmaceutical Industrial Complex – A Deadly Fairy Tale] (zie digitale bijlage op DVD)

« The pharmaceutical industrial complex is perhaps the largest, most influential cartel in the world. This becomes evident after considering the billions of dollars and other currencies drug companies have been forced to pay for a wide variety of corruption charges. Our analysis of 724 legal settlements from a random sampling among the over one hundred thousand by pharmaceutical corporations totally $87 billion is just a small indication about how pervasive Big Pharma's criminality since the vast majority of settlements are concluded outside of court and remain confidential. » « These [724] cases cover practically every type of civil and criminal case. From products that kill, harm and maim, to false claims, to not paying taxes, to patent infringements, to bribery, to publishing false scientific journals. Yet, in spite of the tens of thousands of lawsuits won against Big Pharma, it still conducts business as usual. »

« It has been a particularly bad month for the pharmaceutical industrial complex in its ongoing litigations in American courts. Among the main pharmaceutical headlines, Merck's Gardasil vaccine for HPV, now being widely administered to pre-teens, was found to be linked to amyltrophic lateral sclerosis, commonly known as Lou Gehrig's disease; following a $1.4 billion fine in promoting one of its blockbuster drugs Zyprexa off-label [Ingelast : « Eli Lilly pleaded guilty for having illegally marketed Zyprexa for an unapproved use to treat dementia, and will pay $1.42 billion to settle civil suits and end the criminal investigation. »], deceptive correspondence was uncovered by Eli Lilly gaming the system again by promoting another one of its drugs, Cymbalta, off-label for fibromyalgia; AstraZeneca was fined $160 million for scamming the Medicaid system in Kentucky after being fined $215 million for ripping off Alabama; Glaxo lost a Pennsylvania trial for failing to warn doctors and pregnant women of the dangers of its antidepressant drug Paxil related to birth defects; and Pfizer scored a record-breaking fine of $2.3 billion for illegally marketing several drugs over the years: Bextra, Zyvox, Geodon and Lyrica. These kinds of charges, among the many others, have become a habit for drug makers for the past dozen years. »

« Merck is steeped in a well-documented record of criminality. Such actions include, but are not limited to, intentionally hiding the liver-damaging effects of its cholesterol drug, intentionally withholding the release of clinical data that revealed the failures of another cholesterol drug; it has dumped vaccine waste and manufacturing chemicals into water supplies; it opened up offshore banking accounts to avoid paying billions of dollars in U.S. taxes, and it was caught in a huge scheme of scientific fraud when it was discovered that the company used in-house writers to secretly write so-called "independent" studies that were published in peer-reviewed medical journals. »

« As serial offenders of product safety cover-ups for over a decade, drugs have injured and killed millions. In the case Merck's Vioxx, this one drug has killed 44,000 people and injured 120,000 others.»

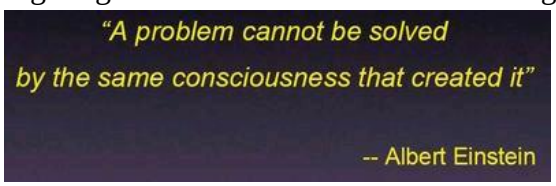
« If any one of us committed manslaughter, we would be behind bars instead of walking a crimson carpet into the offices of our elected officials in the Congress and Senate or past the gates guarded by the nation's Cerberus, Rahm Emmanuel, to lobby the White House. Yet if we are a pharmaceutical executive, or a lobbyist representing a drug company who has collected a litany of charges including medical fraud, criminal salesmanship, gaming the insurance industries, repeated lying to federal officials, and manipulation of data regarding life-threatening adverse effects of drugs that have killed so many people, we can walk away with a fine, a surge in the stock market after a settlement, a financial bonus, and the personal satisfaction in not having to apologize so we can continue business as usual. This is the power the pharmaceutical industrial complex possesses and its usurped right to disdain every noble principle in the Hippocratic Oath that every physician dedicates her or himself to live by, "That I will exercise my art solely for the cure of my patients, and will give no drug and perform no operation for a criminal purpose." »

« In order to understand how we can spend 2.6 trillion this year on healthcare, but not reduce the incidence of cancer, heart disease, diabetes, obesity, mental conditions, arthritis, etc., we must realize this is a game. With each piece of the puzzle, feeding into a single picture of a massively corrupt, unethical, and frequently illegal system controlled by relatively few corporations within the pharmaceutical complex and the health insurance industry, are the ring leaders. They in turn influence thousands of lobbyists, paid-off scientists and academicians, and policymakers, especially those who rule on important health oversight committees. Health officials and legislators in turn solicit expert witnesses, preselected by the cartels, to position their drug agendas in the most favorable manner. The pharmaceutical cartel also has direct connections with its supporting scientific advisory boards and key foundations. These foundations, supported by policy think tanks who supply the so-called independent experts, then lobby the upper echelon within the FDA, NIH, CDC, NIMH, HHS. Ideally they hire former health commissioners and legislators previously players in the game to

assist those same federal agencies to see their drugs guided through the regulatory process. Public relations and advertizing firms are contracted to give the public impression that these drugs are effective and safe for the sole reason they have received official licensing. In addition, the cartel creates front organizations with consumer-friendly titles whose representatives appear at national conferences and seminars beholden to special drug interests. Finally, the drug corporations set money aside to be paid out in settlements. With the exception of class action suits, the majority of cases for injury and death are accompanied by confidentiality clauses to prevent public disclosure of data the companies wish to remain secret. »

Naar het zich laat aanzien strooit **President Barack Obama** met zijn hervorming van de gezondheidszorg in de USA roet in het eten van overeenkomstige kartels, getuige het onderstaand citaat uit hetzelfde artikel van Doug Henderson and Gary Null.
"In America, one can hardly turn on the television or pick up a newspaper without reading about the hot button issue of health care reform. Why such emotion? Why are, seemingly, rational people so intransigent and unwilling to budge from their positions? Only now, during the healthcare debate, are we seeing clearly the rampant politics of the pharmaceutical and insurance industries. (…) The veils are finally being removed. If it were not for the healthcare debacle, we might still not know how the game is rigged and why our politicians and health officials will not tolerate any real reform and accountability at any level. "

Heer President, in alles wat ik in deze brief aan U aan de orde stel, beschuldig ik niemand in ons land; niet U, niet de Vice-President, niet de Minister van Volksgezondheid en niet het medisch establishment binnen de overheid en daarbuiten, want – voorzover ik dat weet – hebben alle regeringen tot nu toe het vaccinatiebeleid gevoerd sinds het voor het eerst in ons land werd



geïntroduceerd, en sindsdien is het in het algemeen door het volk geaccepteerd als zou het iets goeds zijn. Ook ik heb dat gedacht. Onze emotionele en mentale faculteiten zijn – net als in de koloniale dagen – nog evenzeer in meer of mindere mate gevangen in het web van de nieuwe 'Matrix', die tussen ons en om ons heen gesponnen is. Ook nu weer zal het onafhankelijk en soeverein denken en handelen onze redding blijken te zijn. Ook nu weer zullen we door een bevrijdingsproces heen moeten gaan, dat ons leidt naar het herstellen van de oorspronkelijke eenheid en harmonie tussen mens, aarde en natuur en het liefhebben van de Goddelijkheid in de Schepping en in onszelf.

Echter, terwijl dit algemeen ontwakingsproces voortschrijdt, zullen de onacceptabele en ontoelaatbare schendingen van dit onvervreemdbaar universeel recht in ons land volgens een eigen dynamiek beëindigd moeten worden, met als uitgangspunt dat elke vaccinatie van een volwassene die niet uitdrukkelijk erom heeft gevraagd, en elke vaccinatie van een baby of minderjarig kind van wie de ouders/voogden niet uitdrukkelijk erom hebben gevraagd, er één teveel is.

VACCINATIE IS HET GROOTSTE MEDISCHE SCHANDAAL ALLER TIJDEN.
Het is het zwaard van Damocles dat hangt boven het hoofd van elke regering in elk land, waarin het vaccinatiebeleid is gemaakt tot overheidszorg. Het zwaard zal vroeg of laat vallen als dit beleid niet tijdig afgebouwd en – als daar belangstelling voor bestaat – afgestoten wordt naar de particuliere medische sector. En natuurlijk is Suriname daar geen uitzondering op.

Ook in ons land heeft vaccinatie schade berokkend aan de gevaccineerden, met name omdat het voor kinderen verplicht is gesteld, op straffe van het niet toegelaten worden tot de scholen. Gezien onze kleine bevolking valt deze schade niet of nauwelijks op en worden deze gevallen niet geregistreerd door de vaccinatoren om redenen die in deze brief zijn uitgelegd.

Als het volk echter breed geïnformeerd wordt over de gevaren en gevolgen van vaccinatie, dan zullen de gevaccineerden c.q. hun ouders deze link wel kunnen leggen en zal het voor hen wel duidelijk worden.

Heer President, zoals gezegd is het farmaceutisch-industrieel complex wereldwijd een gigantische infrastructuur. Hun markt is het menselijk lichaam. Hoe zieker de lichamen, deste groter de vraag naar medicijnen (inclusief vaccins) en andere medische goederen, en deste groter de winsten. Doug Henderson and Gary Null geven het volgende beeld van hun winsten.

[Doug Henderson and Gary Null – 2009-10-20 The Pharmaceutical Industrial Complex – A Deadly Fairy Tale] (zie digitale bijlage op DVD)

« We have also been asked to believe that the manufacturers were guided by a sense of public service. (…) Pharmaceutical companies make profits higher than oil companies. »

WHAT DRUGS REALLY COST

BRAND NAME	CONSUMER PRICE (For 100 tabs/caps)	COST OF GENERIC ACTIVE INGREDIENT (For 100 tabs/caps)	PERCENT MARKUP
Celebrex 100 mg	$130.27	$0.60	21,712%
Claritin 10 mg	$215.17	$0.71	30,306%
Keflex 250 mg	$157.39	$1.88	8,372%
Lipitor 20 mg	$272.37	$5.80	4,696%
Norvasc 10 mg	$188.29	$0.14	134,493%
Paxil 20 mg	$220.27	$7.60	2,898%
Prevacid 30 mg	$344.77	$1.01	34,136%
Prilosec 20 mg	$360.97	$0.52	69,417%
Prozac 20 mg	$247.47	$0.11	224,973%
Tenormin 50 mg	$104.47	$0.13	80,362%
Vasotec 10 mg	$102.37	$0.20	51,185%
Xanax 1mg	$136.79	$0.024	569,958%
Zestril 20 mg	$89.89	$3.20	2,809%
Zithromax 600mg	$1,482.19	$18.78	7,892%
Zocor 40mg	$350.27	$8.63	4,059%
Zoloft 50mg	$206.87	$1.75	11,821%

En dan zetten ze nu regeringen onder grote druk om hun toxische A/H1N1 varkensgriep vaccin te kopen, dat onder verdachte omstandigheden totstand is gekomen en waarvan ze de veiligheid niet kunnen garanderen, en om een 'gangster-overeenkomst' – zoals Ewa Kopacz, de Poolse Minister van Volksgezondheid, het terecht noemt – te tekenen, waarin zij gevrijwaard worden van de schadelijke gevolgen van het vaccin en de lange termijn maatregelen die dan genomen zullen moeten worden, en waarin zij stellen dat de betreffende landen dat voor hun rekening moeten nemen? En de USA en alle landen van de EU, met uitzondering van Polen, hebben die overeenkomst getekend? Is zulk een overeenkomst ook getekend door onze Minister van Volksgezondheid? Vraagt u zich overigens niet af waarom de subsector vaccinatie – die de core-business is van de grote farmaceutische bedrijven – niet is geliberaliseerd? Zelfs niet in de westerse landen! Dat spreekt boekdelen.

In een reportage over de ramp die zich recentelijk heeft voltrokken in de eilandengroep Samoa nadat het getroffen was door een tsunami, zag ik beelden van de ravage die was aangericht en van het leed van overlevenden. Een brok schoot in m'n keel toen ik een vrouw, met tranen die over haar gezicht stroomden, hoorde zeggen, dat ze weet dat haar kinderen nu bij God zijn, dat dit haar met blijdschap vervult, en dat zij dankbaar is dat haar kinderen onder haar hoede waren geplaatst en zij voor hen heeft mogen zorgen. Gezegend zijn zij die zulk een bewonderenswaardige liefde van een moeder voor haar kinderen ten toon spreiden, beleefd vanuit een hoger godsbewustzijn, waarin de verwoestende krachten van de aarde en de natuur gerespecteerd en geaccepteerd worden en gezien worden als de Hand van God. Hoe anders is het echter als deze liefde op de proef wordt gesteld door de hand van mensen, die gezondheid en leven van anderen vernietigen voor liefdeloos en meedogenloos materieel gewin.

Dit zeggende, komen de volgende wijze woorden in me op:
"De liefde, die heeft de kracht in zich om in de mensheid de verbinding te leggen; om te leren voelen en te leren ervaren dat de mens altijd een tweezijdige natuur heeft. De ene helft van de mens is gebonden aan de daadkracht; de daadkracht die ervoor zorgt dat wat in de kiem aanwezig is tot ontwikkeling komt. Daarnaast heeft de mens de voeding van de liefde nodig, omdat zonder deze voeding datgene wat tot ontwikkeling komt een zeer éénzijdige ontwikkeling doormaakt. (...) De mens had de kracht in zich ontwikkeld om te heersen over de materie, maar de mens had de liefdekracht in zich als het ware uitgebannen en daardoor kon wat hij zich schiep nooit lang blijven bestaan; wat de mens schiep zou hij ook weer tot vernietiging brengen." [Jezus: Uit 'Een Daad van Liefde' (Maria Hillen)]

Ter afsluiting wil ik U oproepen om met betrekking tot de ontwikkelingen in de wereld Uw ogen wijd open te houden, Uw oren op scherp te zetten, het volle spectrum van Uw intuïtie te benutten en Uw mind op volle kracht te laten werken in het ontvangen en verwerken van waarschuwende signalen die ons bereiken voor vreemde gebeurtenissen, onregelmatigheden en verdachte omstandigheden, die een groot risico in zich dragen dat wezenlijke belangen van land en volk en van de individuele mens overal ter wereld op het spel staan. De gang van zaken m.b.t. de A/H1N1 varkensgriep 'pandemie' en de daarmee overeenkomende vaccins is een teken aan de wand.

Dit zijn tijden waarin regeringen van de landen der wereld grote voorzichtigheid, behoedzaamheid en terughoudendheid moeten betrachten en elke stap die zij doen nauwgezet moeten beoordelen om niet in vangnetten terecht te komen die uitgezet worden, door wie dan ook, om hun prooi te vangen. Het betrachten van uiterste waakzaamheid voor alle aanlokkelijke en verleidelijke vooruitzichten die ons aangeboden worden en voor zoetgevooisde woorden die ons in de oren gefluisterd worden is meer dan ooit gewenst.

Dit zijn tijden waarin wij de macht die wij eerder uit handen gegeven hebben weer in eigen handen terug moeten nemen, in plaats van nog meer macht uit handen te geven aan wie dan ook en aan welke instelling dan ook. En de poorten van het domein waarin wij onze optimale macht en ons optimaal belang kunnen beleven, kunnen wij openen als wij als land en volk de sleutels van vrijheid, democratie en soevereiniteit hoog in ons vaandel dragen, de universele rechten en vrijheden van de mens daadwerkelijk onschendbaar zijn voor elk van ons, en er Eenheid in Verscheidenheid c.q. Harmonie in Diversiteit binnen ons volk heerst. Wij zijn dan goed op weg om onze allerhoogste macht en ons allerhoogste belang te realiseren, en dat is het vinden en uitstralen van het Goddelijke in onszelf, als individu en als natie.

AANBEVELINGEN

1. Het vaccinatiedecreet met onmiddellijke ingang voor onbepaalde tijd in zijn werking opschorten. Het inzetten van de procedure om de wettelijke onderbouwing ervan te identificeren en dat, met het decreet, volledig af te schaffen.

2. Het vaccineren van baby's, kleuters en minderjarige, schoolgaande kinderen met onmiddellijke ingang opschorten.

3. De vaccinatie campagne tegen alle vormen van griep met onmiddelijke ingang opschorten.

4. Alle beschikbare informatie verzamelen over alle vaccins die onderdeel zijn van bestaande immunisatie programma's. Naast de informatie verstrekt door de producenten, ook die van vaccin-kritici en werkelijk onafhankelijke bronnen raadplegen. Per vaccin onder andere vaststellen:
   a) Wie de producent is.
   b) Wanneer het geproduceerd is.
   c) Welke ingrediënten erin zitten.
   d) Wat de toxische werking is van elk ingrediënt afzonderlijk.
   e) Wat de synergetische toxiciteit is van alle ingrediënten bij elkaar.
   f) Wat de synergetische toxiciteit is van alle ingrediënten met in het lichaam aanwezige stoffen.
   g) Welke clinische studies door de producent gedaan zijn en wat de resultaten daarvan zijn.
   h) Of er clinische studies zijn verricht met toepassing van de "mock-up" procedure en, zo ja, deze procedure toetsen aan het recht.
   i) Wat de effectiviteit ervan is.
   j) Of het vaccin gecontamineerd is met dierlijke microben.

   Deze informatie op schrift stellen ten behoeve van te vaccineren personen.

5. Alle nationaal en internationaal beschikbare informatie verzamelen over alternatieve methoden en technieken om het immuunstelsel in de mens in een optimale conditie te brengen en te houden. Deze informatie op schrift stellen ten behoeve van te vaccineren personen.

6. Alle nationaal en internationaal beschikbare informatie verzamelen over alternatieve methoden en technieken om ziektekiemen in de mens te bestrijden. Deze informatie op schrift stellen ten behoeve van te vaccineren personen.

7. Het immunisatiebeleid op onder andere de volgende punten herzien:
   a) Slechts die volwassenen c.q. baby's, kleuters en minderjarige kinderen vaccineren, die deze wens op eigen verzoek c.q. op verzoek van de ouders/voogden te kennen hebben gegeven, nadat zij de hierboven in de punten 4, 5 en 6 vermelde informatie ruim van te voren hebben ontvangen.
   b) Alvorens deze personen te vaccineren ze eerst (te doen) onderzoeken op onderliggende aandoeningen en/of afwijkingen, om vast te stellen of er nog andere risico's aan een eventuele vaccinatie zijn dan die welke betrekking hebben op de hierboven in punt 4 vermelde risicofactoren. Het schriftelijk rapport daarvan aan die volwassenen c.q. ouders/voogden geven. Tot vaccinatie overgaan als zij daartoe het groen licht geven.
   c) Alle personen die gevaccineerd zijn monitoren in een voldoend lange periode waarin schadelijke bijwerkingen, zoals door toxicologen vastgesteld, zich kunnen manifesteren. Hiervan per gevaccineerde een register bijhouden.
   d) Plannen en programma's t.b.v. het algemeen publiek maken en uitvoeren teneinde de informatie zoals vermeld in de punten 4, 5 en 6 breed te verspreiden onder het volk.

e) Het mogelijk maken dat een selectie van alternatieve middelen, die het immuunstelsel in de mens in een optimale conditie brengen en die ziektekiemen in de mens bestrijden, vrijelijk beschikbaar gesteld worden aan degenen die daartoe de wens te kennen geven. Dit in ieder geval in een overgangsperiode van enkele jaren, nadat deze nieuwe onderdelen van het immunisatiebeleid worden geïmplementeerd. De financieële middelen hiervoor vrijmaken.

8. De gehele alternatieve medische sector in kaart brengen teneinde vast te stellen welke bijdrage die sector levert in de totale gezondheidszorg in ons land. Hierbij werkelijk onafhankelijke deskundigen en exponenten uit de alternatieve medische sector in het buitenland inschakelen, teneinde te komen tot een resultaat dat een verantwoord en waarheidsgetrouw beeld geeft van die sector.

9. De alternatieve medische sector een gelijkwaardige plaats geven binnen de openbare gezondheidszorg naast de conventionele medische sector en dit bij wet regelen. De concept-wet van de Algemene Zorg Verzekering (AZV) dienovereenkomstig aanpassen.

10. De procedure inzetten om te komen tot een algemeen beleid op het weren van toxische ingrediënten in alle producten die bedoeld zijn voor uitwendig of inwendig gebruik door de mens, in hoeveelheden die ziekten kunnen veroorzaken of de dood tot gevolg kunnen hebben.
    a) De bewijslast van de veiligheid van het product plaatsen bij de producent.
    b) De verificatie van alle veiligheidsrapporten laten plaatsvinden door werkelijk onafhankelijke deskundigen, nationaal en/of internationaal, alvorens de producten voor gebruik goed te keuren.
    c) Indien een product toch ziekte bij de gebruiker veroorzaakt, blijft de producent onverkort aansprakelijk voor de berokkende schade.

11. Nadat het volk in voldoende mate is ingelicht over deze wijzigingen in het beleid in al haar aspecten, en nadat de gewijzigde infrastructuur binnen de openbare gezondheidszorg is geoperationaliseerd en gedurende een voldoend lange periode is geconsolideerd, ertoe overgaan om het vaccinatiebeleid van de overheid af te bouwen, en – zo daar belangstelling voor bestaat – af te stoten naar de particuliere medische sector. Dit met behoud van alle voorwaarden waaronder zulks moet plaatsvinden en van alle eisen waaraan het moet voldoen.

12. Spijtbetuiging van de President van Suriname (namens allen die in Suriname daarvoor verantwoordelijk zijn geweest) aan het volk van Suriname voor al hetgeen vaccinatie hen heeft aangedaan toen het nog staatszorg was en de vaccinatie van kinderen nog bij wet geregeld was.

13. Een nationale Dag van Gebed bepalen waarin allen die daaraan willen meedoen de Almachtige aanroepen en (onder andere) verzoeken
    - om ons volk een infusie te geven van Goddelijk Licht, Goddelijke Liefde en Goddelijke Compassie teneinde de wonden te helen in allen die schade ondervonden hebben van vaccinaties, en tevens in al hun dierbaren;
    - om al degenen die verantwoordelijkheid hebben gedragen voor het vaccinatiebeleid en de uitvoering ervan, bij te staan in het vragen van vergiffenis voor wat zij anderen daarmee onbewust hebben aangedaan, en dat zij voor die daden vergeven worden;
    - om ons allen bij te staan in het vinden van de Kracht, Liefde en Wijsheid in ons teneinde, vervuld met God's Genade, eendrachtig als broeders en zusters gezamelijk te bouwen aan de ideale samenleving die wij met ons allen wensen;
    - en om Gracieus en in Welbehagen gezamelijk de weg te bewandelen naar onze Goddelijke Bestemming.

14. Het Medisch Tucht College ombouwen tot een Medisch Advies College. Zijn bevoegdheden tot het in rechte aanspreken van medici rechtstreeks onderbrengen bij de rechterlijke macht. Zijn bevoegdheden die de universele rechten en vrijheden van medici, waaronder het recht van vrije meningsuiting als burger en in de uitoefening van hun beroep, kunnen aantasten, nietig verklaren. Waar nodig bestaande wetgeving dienovereenkomstig wijzigen.

15. Het beleid m.b.t. de WHO op onder andere de volgende punten onderzoeken en herevalueren:
    a) Een onderzoek doen naar de onregelmatigheden in de wijze waarop de WHO de pandemie geproclameerd heeft in de kwestie van de A/H1N1 varkensgriep, zoals onder andere gerapporteerd door Teresa Forcades i Vila, in deze brief vermeld op blz. 35-40. Hierbij nagaan of de WHO bevoegd was om de definitie van 'pandemie' te veranderen.
    b) Tevens onderzoeken wat er precies op vergaderingen van de WHO en haar adviesorganen besloten is in 2005. Nagaan of een surinaamse delegatie op een vergadering van de WHO accoord is gegaan met het overdragen van enig deel van de soevereiniteit van Suriname aan de WHO ingeval van een pandemie, en of de WHO op grond daarvan formeel in een bevelvoerende positie geplaatst is t.o.v. de Surinaamse Regering aangaande het nationaal beleid m.b.t. de A/H1N1 varkensgriep pandemie en daaraan verbonden veiligheidszaken.
    c) Onder alle omstandigheden dient de Regering alert te zijn op de doorwerking van de belangen van de farmaceutische industrie in het beleid van de WHO, en dit beleid met een verscherpt onderscheidingsvermogen tegemoet te treden.
    d) Onder alle omstandigheden dient de Regering de wezenlijke belangen van land en volk veilig te stellen in haar relaties met de WHO en met welke andere internationale organisatie dan ook, geen enkele uitgezonderd.
    e) Onder alle omstandigheden dient de Regering de onafhankelijkheid en soevereiniteit van Suriname te waarborgen t.o.v. de WHO en welke andere internationale organisatie dan ook, geen enkele uitgezonderd.

Dit is een tijd van keuzes met verstrekkende gevolgen. De keuze is aan U, en met U de Vice-President en Uw Kabinet van Ministers. De keuze is ook bij de Nationale Assemblee en bij het volk. Kies wijs, Heer President.

Ik wens U toe dat U verlicht wordt door de Liefde & Wijsheid van onze Goddelijke Moeder in het openen van Uw hart voor het leed van de slachtoffers van vaccinatie, in ons land maar ook daarbuiten, en dat U verlicht wordt door de Wil & Kracht van onze Goddelijke Vader in het in stelling brengen en focussen van Uw mind om, gericht en onder leiding van het hart, datgene te doen dat nodig is om een eind te maken aan deze verzieking van het lichaam en beknotting van de geest van burgers van ons land, ongeacht de barrières die U op Uw weg zult tegenkomen.

Namaste,
(Het Goddelijke in mij groet het Goddelijke in U. Wij zijn Eén.)

Hanz R.A. Malmberg
Tel: 08861427 / Email: hra_malmberg@yahoo.com

<u>Bijlagen</u>
- Data DVD met de Open Brief en bijbehorende digitale bijlagen.
- Video DVD met bijbehorende videofilms

cc: De Vice-President van Suriname
De Minister van Volksgezondheid
De Nationale Assemblee van Suriname