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# HEALTH FREEDOM NEWS®

SPRING 2015 / VOLUME 33 / NO.1

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# **VOODOO VACCINES**

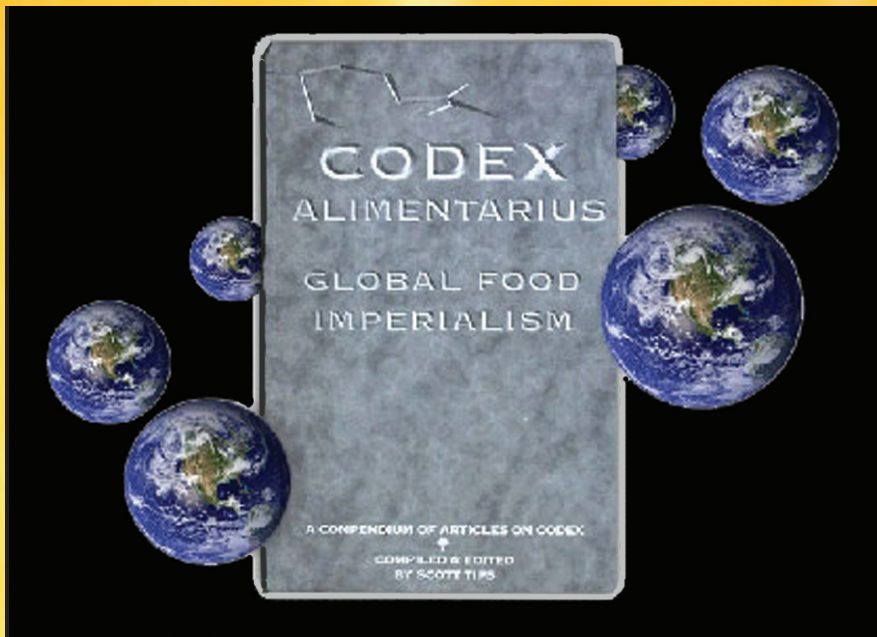
**The Lie of Safe Vaccines Has  
Continued Far Too Long**

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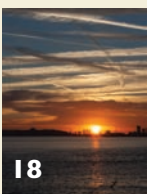
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# LETTERS TO THE EDITOR



Dear Editor,

I like what NHF is doing. It's great to see that you are helping others to learn through Kat Carroll's work on Facebook.

My daughters have not been immunized and they have both noted that they are the only ones who are not sick in school, have

the best attendance, and have the top marks. They also eat real foods, not imported. Everything we need is just outside our door.

Sincerely,  
Garry Tibbo, Warrior of Truth

Dear Editor,

I thought I would take a moment to say thank you! Your team put on a wonderful party; we all really enjoyed ourselves. The food was outstanding! It was actually a special treat for me due to some of my quirks; eating is a big challenge, but I could enjoy the food at the party because it was so clean (free of food chemicals, etc.).

We met some very wonderful people, even someone who is a distributor of our

products. It was also nice to put a face to Kat and Shicana. Thank you again for the recognition of our financial assistance.

To be honest, I am still a little unsettled by receiving the donor award. We donate what we can; we are a small company. I guess that I think it sad that our donations are significant enough to warrant recognition. I would like to be able to give ten times that amount. With all the companies out there in the organic food and supplement business – huge companies – well, you'd think the NHF would have a surplus of funds to do the oh-so-very-important work that you do.

With decisions being made globally, I'm always just so grateful that you are there, speaking for all of us, and speaking for what is best for humans and animals. I can only imagine how frustrating it must be to be there, yet it is so important that you are. I think I'll send a few letters to some of the companies that I think should be helping you.

Please do thank every one of your team. There was a lot of love, care, and effort put into the event and it was surely felt and enjoyed by us!

*Lots of Love,  
Lesley*

Dear Editor,

Regarding your article, "The Great Australian Health Mystery," I am so glad you took time to research and write this article, and specifically for us Aussies.

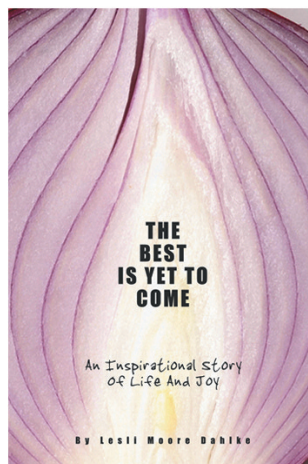
You're not kidding when you described "the great Australian MYSTERY." At my learning of GMOs, I was baffled as to why the GMO moniker was never labelled and applied to affected products here in Australia. Despite overwhelming negative advisories, the GMO products here seem to enjoy exonerated privileges; I could never figure that out, but your article certainly sets the record straight, and is exceedingly logical to say the least. Of course, Big Companies' vested interest imparts a dynamic but insidious bias; and, the Australian government agencies are either duped or willfully condoning.

One's revelations of the dumbing-down of health values really struck a chord. While I have seen the FDA's strident activities against the natural-health industries and commercial facilities, never did I imagine it would transpire here in Australia. How wrong I am; frankly, I am shocked, yet what else could I expect? We are not immune from this mega-draconian octopus that strives to monopolize all things globally, including our health, wealth, and rights. No nation is impervious

*(Letters continued on page 29)*

LESLI MOORE DAHLKE

AUTHOR, WRITER, DOCUMENTARY FILM PRODUCER & ADVOCATE FOR VETERAN'S RIGHTS



MEET THE AUTHOR AT THE NATIONAL HEALTH FEDERATION CONFERENCE UK  
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# VOODOO VACCINES

## *The Lie of Safe Vaccines Has Continued Far Too Long*

**T**he drug companies had a problem. They always have a problem, but this one looked huge. For some time, a Centers for Disease Control and Prevention (CDC) whistleblower had been helping Dr. Brian Hooker uncover data manipulation by the CDC that showed deliberate suppression of scientific evidence linking autism to vaccines among African-American babies. In a story that broke in August 2014,<sup>1</sup> Dr. Hooker showed that, beginning as early as 2004, the CDC has known about the vaccine-autism link. That was when the DeStefano study, based on data from carefully cherry-picked subjects and already rejected by several peer-reviewed journals, was published in *Pediatrics*, a journal heavily funded by the vaccine industry. The DeStefano study – which “showed” no link between vaccines and autism – has been used as ammunition ever since against those who would challenge the dominant paradigm that vaccines are safe. But, now, the truth was leaking out around the edges and only getting worse.<sup>2</sup> What to do?

While standard drug-industry control of the mainstream media quickly clamped down on the story, preventing its spread, and the usual shills surfaced once again with articles defending vaccines, perhaps it was not considered enough. “*We’re losing at Monopoly? Okay, let’s ditch that game and start playing Hooks and Ladders!*” Conveniently, a



measles outbreak in early January 2015 at the Disneyland theme park in Southern California served as the reason for refocusing media attention on the vaccine issue, away from safety and onto the unvaccinated.

### **The Land of Fantasies**

Disneyland – the amusement park of fantasies – was the appropriate place to launch this latest fantasy: That all of us – but, oh, God, especially our children – are in mortal risk of dying from measles because of the great unwashed, i.e., those selfish individuals who refuse to be vaccinated with mercury and other toxic-containing injections. The outbreak was originally blamed on a single unvaccinated woman, but that claim was later, with much less fanfare, retracted by California Public Health officials.<sup>3</sup>

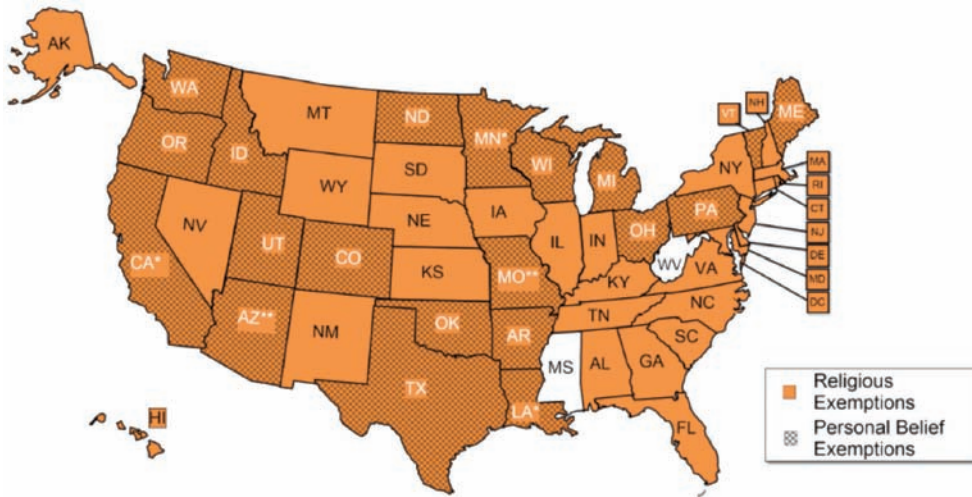
In fact, author Laura Hayes shows that it

is the vaccinated who are spreading the disease<sup>4</sup> by “vaccine fallout.” “People who receive live-virus vaccines, such as the MMR, can then shed that live virus, for up to many weeks ... and can infect others.”<sup>5</sup>

So, disregarding the truth, the mainstream propaganda war is on. The typical tactics that have fooled us time after time have been trotted out once again. Whether it was to launch the Iraqi war with tall tales of hidden weapons of mass destruction or the incredible Ebola-virus threat that has just fizzled out not only in the news but in West Africa, the Hitlerian

“Big Lie” never fails. Scare the public with a “threat,” any deadly threat, and they will just beg to give up their freedoms, all for a little imagined security. This time it is the measles “epidemic.”

Forget that the death rate from measles is less than 0.2%.<sup>6</sup> Forget that the latest “epidemic” was among *vaccinated* adults. Forget that no one died from it. Forget that only around 100 people were involved in the first month of the year. Forget that more deaths associated with measles vaccination (108) have occurred in the past ten years than from the measles itself (zero).<sup>7</sup> Forget that the measles vaccine has never been subjected to rigorous scientific testing for safety and certainly not even to non-rigorous testing when in combination with other vaccines.



## Bring Out the Pitchforks and Torches

For many years now, all but two States in the Union have lawfully allowed parents to exempt their children from vaccinations for religious reasons, and of those 48 States, 20 of them also allow a philosophical /personal belief exemption from mandatory school vaccines. All States permit medical exemptions, although these are more difficult to obtain than the other exemptions. At the time, ample constitutional and other reasons supported the enactment of vaccine exemptions. *Those reasons have not disappeared.* And certainly not because a few more than 100 people caught measles in California.

Yet, that is exactly the excuse being used for this well-orchestrated campaign to kill those exemptions in most States. Very suspiciously, across the entire land, we are confronted with the sudden and oh-too-timely appearance of a well-oiled, heavily financed, joint media and legislative strategic campaign to eliminate all but medical exemptions. And, with this, our freedom to informed medical consent and to control our own bodies will disappear. Forced vaccines, delivered by those who claim to know better than us, are the goal. You are the target.

Of course, the mainstream mantra is that this is all for the “public good.” Hysteria, emotion, and fear, all fueled by the typical one-two punch of media propaganda first and then introduced legislation second, are the currency behind this attack on the civil rights of all Americans to simply do what they think is best for themselves and their children.

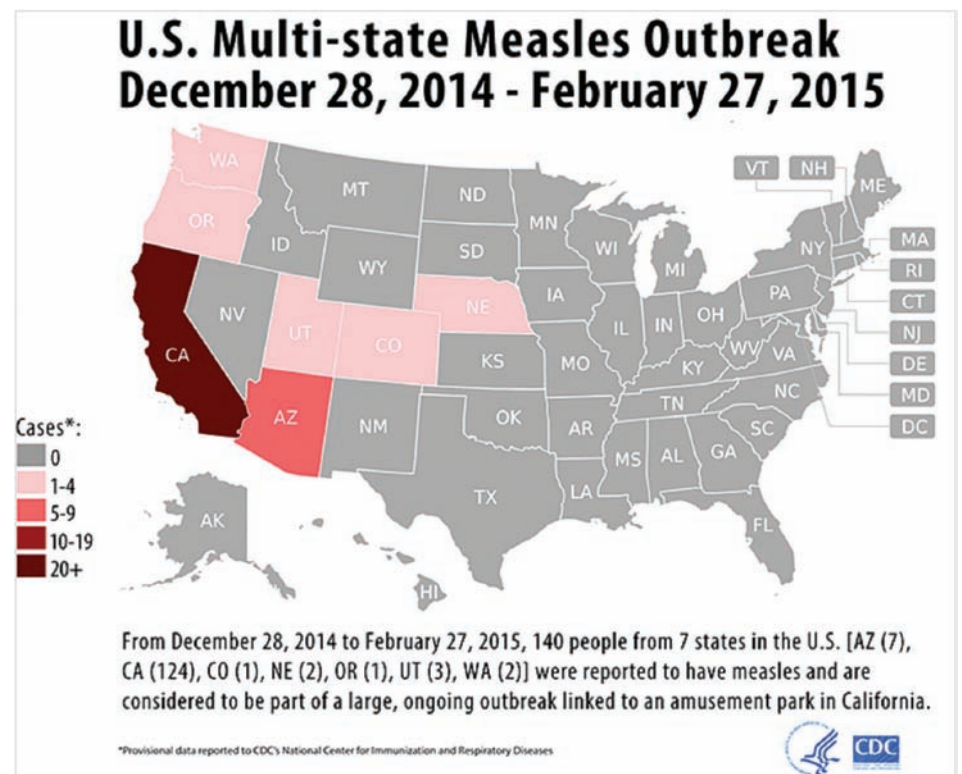
The Los Angeles Times and other mainstream publications across the country have been unleashed upon us so as to scare us out

of our freedom to decide for ourselves whether or not we wish to inject such toxins as mercury, formaldehyde, aluminum, antibiotics, and polysorbate 80<sup>8</sup> into infants with as yet undeveloped immune systems, overwhelming their young bodies with up to 40 vaccinations before they are two years old, not to mention university-age students who will be forced. Thinking parents who dare to wonder about the connection between the skyrocketing autism rate among infants<sup>9</sup> and the overwhelming insults to the infantile immune systems are labeled as “selfish,” “misguided,” and “a danger to the community”<sup>10</sup> when they are the only sane ones around. And any brave doctors who dare to speak out about the dangers of vac-

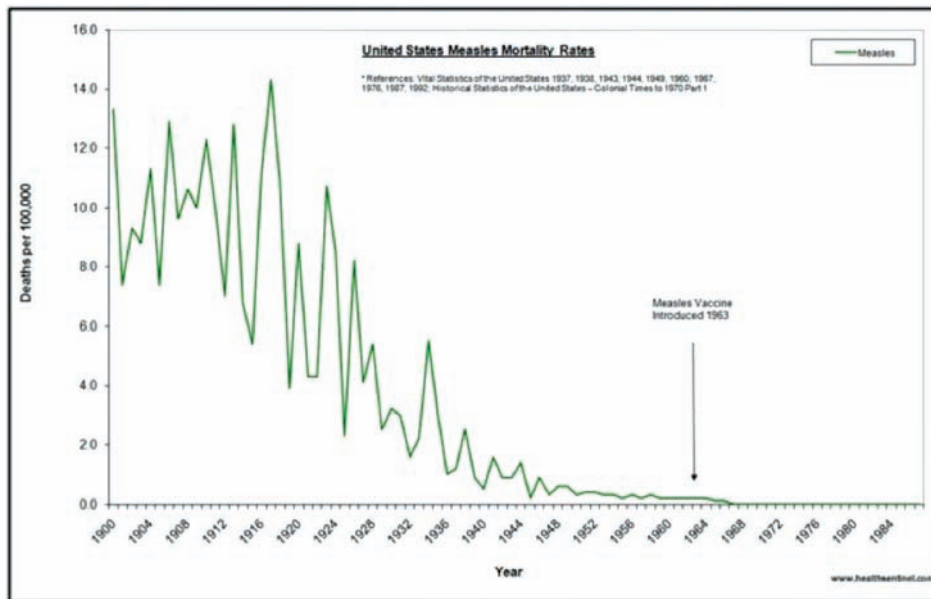
cines risk having their medical licenses yanked. Opposition is ridiculed, suppressed, and silenced, hardly the hallmark of those secure in their “science.”

And as Spring faithfully follows Winter, legislative hearings have already taken place in Washington State and Oregon to kill philosophical (personal belief) exemptions there, while California, Maine, Minnesota, Pennsylvania, Texas, and Vermont all have bills already or on the verge of being filed to remove such exemptions. Even religious exemptions are under attack. Maryland, New Jersey, Texas, and Vermont have bills filed or announced to eliminate religious exemptions, and Illinois, New Mexico and Texas have bills filed or announced to restrict religious exemptions. All would unconstitutionally violate the First Amendment. Fortunately, the Oregon bill, first out of the gate, has also been the first to stumble and fall to strong opposition. Now, the Washington State and Maryland bills have failed as well.

Fifteen States have bills filed to expand their vaccine mandates. These include Connecticut, Florida, Indiana, Maine, Maryland, Montana, Nebraska, Nevada, New York, Pennsylvania, Tennessee, Texas, Vermont, Virginia, and West Virginia, with the Vermont bill even mandating vaccines for all school employees.<sup>11</sup>







Even more nightmarish, on a national level, the U.S. Department of Health and Human Services is planning on implementing its draft National Adult Immunization Plan (NAIP), which calls for all adult American citizens to be forced to receive current and retroactive vaccinations that could equal several dozen “shots” per individual during their “catch-up” phase.<sup>12</sup> No ifs, ands, or buts. Clearly, the plan to remove vaccine exemptions has been rolled out in force.

Unsurprisingly, the pitchfork-and-torch bearers frequently have vaccine-industry money jingling in their pockets as they call for the vaccine exemptions to burn. Dr. Paul Offit, the standard vaccine-industry apologist, has himself made multiple millions off of vaccines. The vaccine industry has also bought and paid for the Academy of Pediatrics with millions of dollars for conferences, grants, medical conferences, and even its nice, modern headquarters.<sup>13</sup>

Nor are the politicians who push this legislation paragons of virtue either. In New York, Assemblywoman Amy Paulin, the principle sponsor for the New York State HPV bill, received donations from Merck for her last campaign, while New York State Senator Brad Hoylman, who sponsored the mirror HPV bill in the Senate, holds Merck stock interests (technically held by his wife based upon his submitted ethics form). Some may also recall that then-New York State Health Commissioner Dr. Richard Daines attempted to mandate the H1N1

vaccine. Fortunately, he was “outed” when it was publicly revealed during a radio interview that his wife was a managing director for Goldman Sachs, which had invested in and was underwriting the vaccine. The proposed H1N1 mandate was soon withdrawn. In California, both State Senators Dr. Richard Pan and Ben Allen are medical doctors and long-time pushers of vaccine mandates. An entire article could be devoted simply to vaccine and drug industry influence among politicians pushing these bills.

Then, there are the heavily-funded vaccine-industry front groups. Every Child By Two is an organization that promotes early immunization of children; it admits that it takes money from vaccine makers. The Immunization Action Coalition (IAC) is another front group that lists among its funders such vaccine and pharmaceutical companies as AstraZeneca, Merck, Novartis Vaccines, Pfizer Inc., and Sanofi Pasteur, who also heavily populate its advisory board along with – surprise! – Dr. Paul Offit. IAC, in turn, and along with the CDC, National Immunization Program and Department of Health and Human Services, “partners” with the National Association of County and City Health Officials (NACCHO) to push strict and mandatory vaccine schedules.<sup>14</sup>

Yes, we have all of the best “public spirited” pitchfork-and-torch bearers that money can buy. The real question is whether or not the public can see beyond the hysteria of these bought-and-paid-for shills well enough to discern the truth.

## The Truth

Søren Kierkegaard once remarked that “the truth is a snare: you cannot have it without being caught.” So, too, with vaccine truth. Once the facts about vaccines are laid out before you, their dangers become self-evident. The short list of vaccine facts is as follows:

1. The measles vaccine has never been subjected to rigorous scientific testing for safety and not at all when in combination with other vaccines.
2. No one has died from the latest measles “epidemic” involving slightly over 100 people in California. In fact, since 2004, no one has died from measles in California.
3. Evidence exists that even among those populations with up to 99% vaccine compliance (due to them being mandated) measles outbreaks are increasing not decreasing.<sup>15</sup>
4. More deaths have been associated with the MMR (Measles-Mumps-Rubella) vaccine than from “wild” measles in the last 10 years.<sup>16</sup> Indeed, vaccines are unsafe.<sup>17</sup>
5. Even with exemptions to mandatory vaccinations, the vast majority of Americans (95%) are already vaccinated, in the case of Californians over 96.1%.
6. Vaccine-induced “Herd Immunity” is a myth.<sup>18</sup> Only those who were naturally infected have lasting immunity. Most of us who had the vaccinations in our pre-teen years have had any such immunity wear thin long ago, which is why the vaccine schedule contains so many “boosters,” as the original vaccines inevitably wear off. If vaccine-induced herd immunity is so important to our community health, then how have we existed without it for so long? Through better sanitation practices and better nutrition, that is how; those are far more important factors than antibodies that have long ago dissipated. Besides, a vaccination is supposed to protect the person vaccinated, regardless of how many others are vaccinated.
7. Before the introduction of the measles vaccine in 1963, from 1915-1958, a 95% decline had already taken place in the measles death rate. In other words, the measles death rate dropped from approximately 13.3 deaths per 100,000 population in 1900 to 0.03 deaths per 100,000 in 1955. Moreover, post-vaccination death

rates for measles in the mid-1970s are similar to those of the pre-vaccination years in the early 1960s. Better sanitation and nutrition are responsible for this tremendous decline in mortality, not the vaccine. This also explains why other infectious diseases like typhoid, tuberculosis and scarlet fever – to which no vaccine exists to prevent – disappeared from relevance as nutrition, sanitation, and hygiene improved: naturalistic factors unrelated to the availability of a vaccine were responsible.

8. Forced vaccinations violate the medical ethics of Informed Consent. There is no “consent” where injections are mandatory.<sup>19</sup>
9. Forced vaccinations are unconstitutional in general and violate the Fourth Amendment in particular.<sup>20</sup>
10. Mandatory vaccinations – as opposed to recommended – are unnecessary, as proven by the experiences of European and other countries with very high vaccination rates.<sup>21</sup>

## Reframe the Argument

This latest and most-aggressive pro-vaccination campaign is framed around the wrong issue. Public health will *not* be enhanced at all by eliminating the last of the vaccine exemptions or even by lining up every last American like concentration-camp inmates and subjecting them to scientifically questionable medical injections against their will. If those who are pushing these coercive measures truly had the public’s health and not simply drug profits in mind, then they would be adamantly calling for rigorous safety and efficacy testing of all vaccines. They would be tearing down the false presumption based upon “Voodoo science” that vaccines are safe, despite decades of real-world experience, death, and injury to the contrary.

Curiously, too, many who push for these coercive “public health” measures are adamant supporters of a woman’s right to abortion and control over her body. In their world of illogic, a woman has a right to control her womb but not her immune system.

The argument here must be reframed. The issue must be about the dangers of current vaccines and the regimen of vaccina-

tions forced too soon and too quickly upon infants with not-yet-fully developed immune systems. Exemptions are their distractions from the real dangers of vaccines. And that is the issue that must be addressed and all who refuse to address that real issue must and will be called to task. Lawsuits against these wrongdoers are being researched and may soon be filed.

As a dear friend has said when asked why he did not vaccinate his three children, “Is it for religious reasons?” “No,” he replied, “it’s for scientific reasons.” 🔥

## Endnotes

1. See <http://www.marketwired.com/press-release/study-focus-autism-foundation-finds-cdc-whistleblower-reveals-widespread-manipulation-1939179.htm> and <http://www.thenhf.com/revelation-high-level-cover-will-blow-lid-vaccine-fraud/>. Note also that Dr. Hooker, for reasons not clearly stated in my view, withdrew his article at <http://www.translationalneurodegeneration.com/content/3/1/22>.
2. See Sharyl Attkisson’s well-written expose, “Questions Surrounding Review of Challenged Vaccine-Autism Study,” September 10, 2014, at <http://sharylattkisson.com/questions-surrounding-review-of-challenged-vaccine-autism-study/>.
3. Jessica Glenza, “Measles outbreak spreads in US after unvaccinated woman visits Disneyland,” *The Guardian*, 19 January 2015, at <http://www.theguardian.com/us-news/2015/jan/14/measles-outbreak-spreads-unvaccinated-woman-disneyland> (note that in the comment section comments disagreeing with the author’s pro-vaccine stance have been deleted by the moderator as “abusive”).
4. <http://www.ageofautism.com/2015/01/disney-measles-and-the-fantasyland-of-vaccine-perfection.html>
5. Live Virus Vaccines and Vaccine Shedding
6. Atkinson, William, *Epidemiology and Prevention of Vaccine-Preventable Diseases* (12th ed.), Public Health Foundation. pp. 301-323 (2011). This is a pro-vaccine, Center for Disease Control publication.
7. In the period 2004-2015, 108 vaccinated individuals died from measles while zero died from measles itself. Sources: Centers for Disease Control and VAERS database.
8. Grabenstein JD, *ImmunoFacts: Vaccines and Immunologic Drugs- 2013* (38th revision), St. Louis, MO, Wolters Kluwer Health (2012).
9. From 1 in 5,000 in 1975 to 1 in 110 in 2009. See

also <http://healthimpactnews.com/2015/u-s-media-blackout-italian-courts-rule-vaccines-cause-autism/>

10. “Parents who do not vaccinate their children should go to jail,” USA Today columnist Alex Berezow wrote, while Los Angeles Times reporter Emily Foxhall fatuously claims that “some worry that the measles vaccine causes autism – a theory that has been thoroughly discredited by numerous scientific studies.” *LA Times*, January 26, 2015, p. B1.
11. All of these bills may be found on the National Vaccine Information Center website at: <http://www.nvicadvocacy.org/members/National/ActionAlertDetails.aspx?itemid=649&Page=True>.
12. See <http://centerforvaccineethicsandpolicy.net/2015/02/15/u-s-national-adult-immunization-plan-national-vaccine-program-office-draft-february-5-2015/>.
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# SOME THOUGHTS ON THE VACCINATION DEBATE

BY NICHOLAS GONZALEZ, M.D..

I appreciate the opportunity to add my thoughts to the ongoing debate over vaccinations in the Journal Club and BaseCamp forums. In my mind, the discussion, sometimes heated, really brought into my focus the larger, more global issues of infectious disease, the nature of infection, and the all-important participant in the action, the host.

I will say I don't think it too helpful when physicians and scientists turn to emotional arguments and pleas that do little to advance a scientific, objective perspective. Evoking a paralyzed relative or poor Thai children doesn't teach us what we need to know about the role of innate immunity, and the pathogenicity of microorganisms.

In terms of my own background, although I am known to many as a physician offering an intensive nutritional program for patients diagnosed with advanced cancer and other serious diseases, my formal training was in cancer immunology, in a specially designed program created for me by my conventional mentor Robert A. Good, M.D., Ph.D., for years president of Sloan-Kettering. Dr. Good, called the "father of modern immunology" by the *New York Times*, was the most published author in the history of medicine, and the scientist who first unraveled the immune complexities of the thymus in the 1950s. When I joined his group as a fellow, I lived in his house with his wife, living, breathing, and ingesting immunology, an experience that has served me well in my medical career however far from the conventional it has veered.

Through Dr. Good, I learned of Rene Dubos, Ph.D., the famed Rockefeller University researcher whom I mentioned in a Journal Club debate. Dr. Dubos started his professional life as a soil microbiologist, but



then in the 1950s and 1960s emerged as the leading voice, insisting we all view infectious disease in an ecological context – a lesson that has stayed with me since I devoured his many books and papers years ago. Dr. Dubos knew more about the subject than anyone who probably will ever live, and along the way he first warned in the 1950s that antibiotics came with a down side, the disruption if not the destruction of our normal bacteria flora, a problem virtually ignored at the time by the Western research and medical world.

I think, in the current debate, it would be a most useful exercise to go back in time, to review historical examples of allegedly or presumably catastrophic infectious disease, specifically two examples, that of polio and Keshan's disease, for which in both cases a vaccine was thought to be the only solution. I realize others have addressed polio in other posts and through other links, so I will limit my comments in that case.

I remember the hysteria generated in the media by polio, the well-funded advertising campaigns by organizations such as the March of Dimes, relying on, of course, emotional arguments to raise money from "regular" moms and dads and Girl Scout and

Boy Scout troops all over the Country. My childhood vision of polio was that of a true catastrophe, threatening the entire population of the United States, with our only hope the dedication and hard work of our wonderful research scientists who were extolled in the press on a near daily basis.

As a fledgling research immunologist under Dr. Good, and somewhat fascinated by Dubos' perspective, I began to investigate the actual epidemiology and ecology of polio. As I was to learn, it turned out that polio "epidemics" as they were called, didn't really emerge until the late 19th, and early 20th Centuries. I had been taught in medical school that the epidemic nature of polio showed itself because of growing population density in urban areas associated with poor sanitation. Although this position seemed logical, since polio transmits through a fecal oral route, the opposite has proven to be the case.

Studies from the late 1940s, before the availability of the Salk vaccine, indicated that in low-income urban areas up to 90% of the population showed antibodies to polio, although most who tested positive had no recollection of having been infected and had not experienced any residual neuro-muscu-

lar problems. For them, the disease seemed no more serious than a brief upper respiratory infection or gastroenteritis.

True, the number of deaths from the disease and cases of paralytic polio did increase significantly in the early 1950s, but these numbers were hardly at the level of full-blown catastrophe. For example, in 1949, considered an epidemic year, 42,173 cases were identified in the U.S., with 2,720 deaths. Anyone unfortunate enough to be killed, or struck down and left paralyzed would be an individual tragedy, but the numbers just were not there for a major epidemic as has often been portrayed. Even throughout the so-called “epidemic” years of the late 1940s and early 1950s, most contracted the virus without any recognition they had been infected with the “deadly” polio organism.

Ironically, the increasing incidence of paralytic cases and deaths, although still relatively small, occurred as intensive public-health campaigns to clean up the cities went into full force. As in most instances, Nature doesn’t work the way the human mind would like it to work. It turns out all these highly funded and well-intentioned efforts to prevent polio by cleaning out and sterilizing the cities came inevitably with unintended consequences. In its usual ecological setting, prior to these public-health experts at work, polio rarely struck infants younger than six months old, most commonly infecting children between six months and four years of age when the disease usually presented in its “common cold” form. With improved sanitation, polio tended to hit at later ages, even into adulthood, when it was quite a different, far more aggressive illness. So, with improved sanitation, fewer children were exposed to the disease, more adults were, and the results in adults were disastrous. In “unclean” urban areas, early exposure mitigated the severity of the illness, with the added benefit of providing lifetime immunity. With improved sanitation, the disease became far more deadly. In this context I am reminded of more recent studies demonstrating that children allowed to play in the mud and muck – as I was as a child before germ-phobia became itself an epidemic – and who attend day care centers where they are exposed to

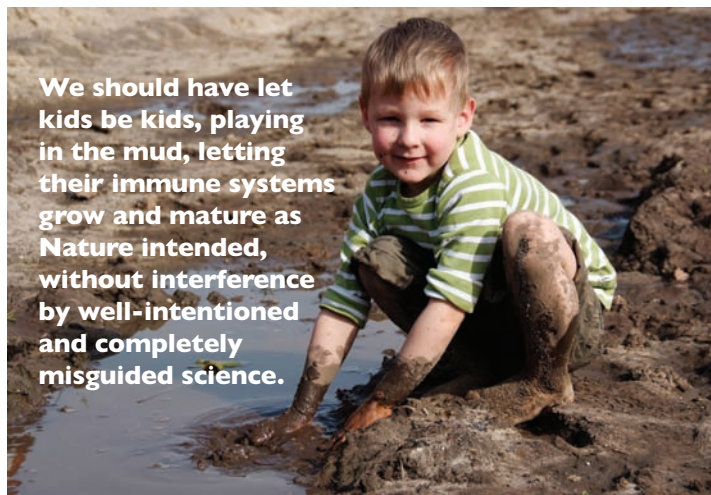
all manner of drippy noses and minor infections, tend to have far less asthma, far fewer allergies, and far stronger immunity, than their over-protected colleagues.

Keshan’s Disease provides another interesting take on another seemingly “catastrophic” infectious disease, requiring for salvation it was thought the ingenuity of our best microbiologists and vaccinologists. Indeed, although Keshan’s is more obscure than polio, the lesson is as striking. Keshan’s, named after the province in China where the syndrome had been first identified, would strike with a progressive cardiomyopathy that often ended in rampaging deadly heart failure and fatal cardiac conduction defects. It could afflict children, young adults, old men and women, and no one seemed immune.

During the 1960s, before China had opened to the World, the disease became so significant a problem that the government invited Western researchers to help find Keshan’s cause and cure. Subsequently, these smart scientists honed in on a new and particularly virulent strain of Cocksackie that appeared to be the definitive culprit. In the years that followed and with the “cause” known, the “race for the cure,” that is a viral cure, went into full swing.

However, some bright epidemiologists looking at the incidence province by province noted that Keshan’s was only to be found in epidemic proportions in certain areas, leaving others, sometimes adjacent to the danger zones, free of the disease. Since the affected provinces were not necessarily geographically isolated from the Keshan-free regions (by mountain ranges for example), physical separation seemed not to be an issue. Further, since the Chinese are a relatively genetically homogeneous population, bizarre DNA defects were not thought to be at fault.

Surprisingly, since conventional researchers usually discount environmental causation, some of the scientists began



**We should have let kids be kids, playing in the mud, letting their immune systems grow and mature as Nature intended, without interference by well-intentioned and completely misguided science.**

studying the soil in the high-incidence and low-incidence regions, looking for a, well, an ecological solution. To their astonishment, in every high-incidence area they studied the soils were significantly lacking in the trace mineral selenium, needed for the generation and regeneration of glutathione so critical in modulating free-radical reactions. In areas of low-incidence, the soils were selenium replete. Apparently, only in the context of selenium deficiency did the normally well-behaved and only mildly virulent Cocksackie virus mutate into a highly aggressive, cardiac-toxic organism.

With the simple solution of selenium supplementation enforced in endemic areas, the disease has become for China a rarity, largely a non-issue – as long as the population in vulnerable areas “takes their vitamins,” or in this case, takes their minerals.

Here is a case of an “infectious disease” with an incidence and fatality rate in affected provinces higher than polio ever was in the U.S. At the height of its reign, Keshan’s was a very disabling, very deadly disease. And of course the same expert forces mobilized, as they do, to create the ideal Cocksackie virus vaccine to end this modern-day plague. But as it turned out, all the Chinese needed was more selenium.

Most of us, that is most “alternative” practitioners, have a vague belief that it is the “terrain” that determines the nature and severity of infection. With Keshan’s we have an ideal laboratory for this hypothesis, in which a deficiency in a single nutrient, in this case selenium, could cause a simple common-place virus, Cocksackie, to mutant into a very effective killer.

Polio is, in my opinion, somewhat more



complicated. Dubos did believe that the underlying nutritional status of individuals often would determine the nature of the infection, whether it be mild or deadly. But, here too, the ecological forces are so important, with exposure at the right age in the right way in the right circumstance provoking only mild disease, with the added benefit of that life-long immunity.

I think myself so fortunate that I contracted, and endured, the usual childhood illnesses, including measles, mumps, and chicken pox, even a minor brush with Epstein Barr. For me, and for all my school friends, these diseases were hardly anything worth remembering particularly, leaving us somewhat disabled for a few days, with much-appreciated time off from school and a certain amount of parental pampering. No one I knew was left with encephalomyelopathy, nor any other serious neurological deficit as a result of their experiences with any of these viruses. I do believe these illnesses served me a valuable function, testing my immune system, letting

it flex its muscles, teaching it how to work against a mild infection so that someday it might effectively deal with a more serious organism.

I see so many patients in their 20s and 30s, the first of the highly-vaccinated generation, coming to my office unable to function, having been exposed to some viral illness like Epstein-Barr, or Borrelia, or some associated "coinfection," who five and ten and fifteen years later despite aggressive treatments of all types, both alternative and conventional, are unable to function, finish school, hold a job, at times – and you all know patients like this – unable to leave their room (except initially to see me). These are young adults with immature immune systems, whose immune cells either underperform, don't perform at all, or that over-react, with immune regulation gone haywire. We can get these patients well, fortunately, but they often endured quite a bit of suffering for long periods of time. And these are not the kids with autism, these are young people with promising futures and

careers ahead, sidelined and sidetracked by some trivial little virus.

When we think about the child paralyzed by polio or the poor, debilitated, diphtheria-infected Asia children, we need to step back for a moment, and realize Nature really isn't the enemy, it's so often – as Dubos made clear 50 years ago – what we do as individuals, as cultures, and as governments that makes a tolerable, manageable problem into something worse, and this includes force-feeding vaccination. When these discussions begin, just remember the negative blowback from those "improved" public health measures in urban areas, that made polio a much worse disease than it had been, and left in their wake death and disability.

Speaking scientifically, it appears that no polio vaccine was really needed any more than it was needed for Keshan's. Instead, we should have let kids be kids, playing in the mud, letting their immune systems grow and mature as Nature intended, without interference by well-intentioned and completely misguided science. 🔥



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# Maine Goes on the Offensive to Expand Vaccine-Choice Rights and Protect Children From Vaccine Injury

**I**n the United States, it is accepted practice to lie to parents about vaccine safety and coerce them into vaccinating. Even when lies and coercion lead to the serious injury or death of a child, there is no accountability. In Maine, we have decided to fight to make it harder for those who lie and use coercion to get away with it, and we will use the Federal Government's own information to do so. We hope that all other States will introduce similar legislation to protect their citizens.

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BY GINGER TAYLOR, M.S.

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## The Problem

In 1986, after a four-year campaign by the pharmaceutical industry, Congress passed the National Childhood Vaccine Injury Act. It gave liability protection to vaccine makers, medical professionals, and government agencies – anyone involved in vaccination – for any death or injury that resulted from a vaccine. At that time, the Center for Disease (CDC) vaccine schedule had recommended 24 doses of vaccines for children starting at 2 months of age to 18 years of age. From 1963-1988, the schedule remained at either 24 or 25 doses, and vaccine industry revenues at the time were about \$750 million per year.

Suddenly Pharma had a product line for which they could not be sued, and that governments marketed for them via school mandates. So, as any smart business would do, they began pouring research and development dollars into new, less necessary and more risky vaccines. Almost thirty years later, after adding just a few doses to the schedule every year, the CDC's childhood vaccine schedule has grown from 24 doses to 70 doses (at a minimum). If I had a baby today, and vaccinated her according to the current schedule, that baby would receive more doses of vaccine by the time she was six months old than I did by the time I went to college.

There is no safety testing of the vaccine schedule as a whole. Vaccine profits have gone from \$750 million per year in 1986 to \$33 billion per year in 2014 and 54.1% of American chil-





dren are chronically ill, developmentally delayed, and/or obese.

This trend continues unabated and unchecked, because despite the fact that now most applicable research shows that vaccines can cause autism<sup>1</sup> (and other serious adverse health outcomes), no one can get into a courtroom in the U.S. to prove it and force policy change in this bloated billion-dollar program. In 2011, the Supreme Court sided with Wyeth over families who were trying to get the issue back into a Civil Court, ruling that even if a vaccine was defectively designed, they still could not sue the vaccine maker for death or injury. This closed the courthouse doors to vaccine-injured families permanently.

The greatest irony in all this is that the government has not only admitted that vaccines can cause autism, they actually list the symptoms of autism as known adverse outcomes for both pertussis and measles vaccines. They have paid at least 83 autism cases from the Federal Vaccine Injury Compensation Program put in place by the 1986 Act to compensate vaccine injury victims.<sup>2</sup>

The HHS guidelines for vaccine-induced brain damage were the exact symptoms that my son, and thousands of children with an "autism" diagnosis, exhibited following vaccination:

- A significant change in mental status that is not medication related; specifically a confused state, or a delirium, or a psychosis;
- A significantly decreased level of consciousness, which is independent of a seizure and cannot be attributed to the effects of medication, as indicated by the presence of at least one of the following clinical signs for at least 24 hours or greater: (1) Decreased or absent response to environment (responds, if at all, only to loud voice or painful stimuli); (2) Decreased or absent eye contact (does not fix gaze upon family members or other individuals); or (3) Inconsistent or absent responses to external stimuli (does not recognize familiar people or things).<sup>3</sup>

*The vaccine/autism link has been hidden in plain sight for 27 years.*

The problem is that doctors and parents do not know that vaccine encephalopathy exists, or what it looks like. Few doctors have ever read the VICP Table of injuries that outline this adverse reaction, so when parents walk into their doctor's office with a child experi-

encing this injury, doctors have been trained to call it "autism." When parents then tell their doctor that they believe a previous vaccine caused it, the doctor has been trained to say, "Vaccines do not cause autism."

The typical outcome is that the child is then never properly evaluated according to Federal guidelines, never treated for the reaction, and can suffer a lifetime of medical neglect. States, local school districts, and families are left to pay for the care of an injured child whose care is the moral responsibility of the pharmaceutical company that harmed them, and the legal responsibility of the Federal government that removed Pharma's liability.

Add to this the fact that the U.S. General Accounting Office,<sup>4</sup> the Associated Press, *The New York Times*,<sup>5</sup> and Fox News<sup>6</sup> all agree that the Vaccine Injury Compensation Program has been hidden from the public and is failing to care for the injury victims and their families as it was designed to. You can see why families like ours tell people on a regular basis, "Once you have a vaccine-injured child, you are on your own."

The system hurt our children, betrayed our families, and then abandoned us.

But word gets around. Despite the massive Government and media push since 1999 to convince the public that the vaccine program is safe, parents are not dummies. The CDC vaccine schedule has become a victim of serious attrition, starting with educated parents.<sup>7</sup> People have clued in to the scam that has been perpetrated on families, and the revelations of fraud in the CDC's vaccine safety research over the last year have only upped the ante.

While the fraud has been obvious to those paying close attention to vaccine safety research for many years, the indictment of CDC vaccine/autism Danish researcher Poul Thorsen on 22 counts of fraud and money laundering<sup>8</sup> ripped away the facade that the U.S. Department of Health and Human Services was taking vaccine safety research seriously by only engaging the most earnest scientists. Scandals have continued to unfold at a faster pace, as Merck is now being sued by its own scientists for faking efficacy data of their mumps vaccine to win FDA re-approval for the MMR vaccine,<sup>9</sup> and CDC senior vaccine safety scientist Dr. William Thompson has turned Federal whistleblower, admitting he and his colleagues hid vaccine/autism links from the public. Thompson will be tes-

tifying before Congress against his colleagues, which include the head of the CDC's vaccine safety office, Frank DeStefano, and the head of the CDC's National Center of Birth Defects and Developmental Disabilities, Colleen Boyle.<sup>10</sup> Things are unraveling for the CDC and Pharma. So, that's why this year they have hit back hard.

After a massive media campaign to get the American public to perceive the 100 or so non-lethal measles cases from Disneyland as the second-coming of the bubonic plague, they have managed to get bills introduced into 14 States to either seriously compromise or completely remove a parent's right to a vaccine exemption in order to send their child to school. This despite the fact that there have been no measles deaths in the United States since 2003. Vaccine policymakers know that if they don't keep control of media messaging, and of parents' choices, that the \$33 billion per year vaccine bubble will continue to deflate with increasing speed, and vaccine profits will be cut in half (at least) when the vaccine program is finally reformed.

And of course there are those 300-plus vaccines currently in their development pipeline that suddenly will have little to no market when the American public comes to terms with the fact that their government has already massively over-vaccinated the U.S. population.

In response, State and national health-freedom and disability groups across the Country are organizing to fight back and preserve their rights. But, here in Maine, we have decided to fight back by putting the CDC vaccine program on the defensive. We are hoping other States will follow our lead and use this legal battle to expose the fraud in the vaccine program, the harm being done to families, and the horrible injustice being done to vaccine-injury families left out in the cold.

## The Solution

We have proposed the Maine Vaccine Consumer Protection Act to remedy this injustice by countering the corruption, misinformation, and attacks on families' right to informed consent.

Families are the injured parties here, and the idea that they should be on the defensive at the moment is absurd. So, we have decided not to play into the insane idea that it is parents who need to change; we will stay focused on the fact that the medical es-

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tablishment needs to change.

This bill, even in places where it is un-  
likely to pass, will allow us to have the  
conversation with legislators that we want  
in order to report on the corruption in the  
vaccine program, to tell the stories of our  
injured and neglected children, and to put  
the burden of proof back on the Federal  
Government and the vaccine industry  
where it belongs.

The proposed act would:

- Require doctors to be educated on the full VICP table and able to properly screen for and diagnose vaccine adverse events.
- Require doctors to evaluate patients for a vaccine injury according to Federal guidelines and vaccine package inserts if the patient or the patient's caregivers suspect a vaccine adverse reaction.
- Add the full, and soon to be revised, VICP vaccine injury table to the Maine Immunization Program's Provider Reference Manual.
- Advertise the VICP in Maine, per recommendation of the 11/14 GAO VICP report.
- Require a Maine State Vaccine Information Sheet that includes all known side effects be given to all patients according to the vaccine package insert, table, and VICP rulings, and remind patients of their right to opt out, and offer step-by-step instructions on what to do if a vaccine injury is suspected.
- Establish a vaccine injury office in Maine DHHS separate from the Immunization program, that will
- Act as an ombudsman for Maine vaccine injury families and clearinghouse for VICP case data.
- Evaluate vaccine injury claims.
- Provide guidance and a specific process for physicians to follow when a vaccine injury is suspected by their office, or by parents and caregivers.
- Provide referrals to doctors who will evaluate and treat.
- Provide referrals to attorneys who will file in the VICP.
- Recoup MaineCare funds that are spent on vaccine injury cases.
- Establish a complaint-and-review process for families to ask specific vaccine questions, challenge false vaccine safety and efficacy claims as well as coercion by vaccine providers, and require DHHS to respond and justify recommendations.

Parents who have known for years that the vaccine program is broken have had their position yet again confirmed by two different in-depth investigative reports into the Vaccine Injury Compensation Program, by both the U.S. General Accounting Office and by the Associated Press. Repeating, once you have a vaccine-injured child, you are on your own.

It is time to stop blaming parents for walking away from a broken vaccine program and instead to begin to fix the vaccine program. And we start in the State legislatures by helping the States understand that they have been scammed by the National Immunization Program, at the expense of our children.

Push your State to take vaccine injury seriously. 🔥

*Ginger Taylor is a founding member of the Canary Party, Media Director for HealthChoice.org, and a former Marriage and Family Therapist specializing in adolescent and family therapy, who holds a Master's degree in Clinical Counseling from Johns Hopkins University. She began her work on children's health and parental rights after her son Chandler regressed into autism following his 18-month vaccinations. Ginger is a co-author and contributing editor of the book Vaccine Epidemic, and was awarded the NHF Health Freedom Hero Award in 2014.*

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# THE MMR VACCINE SPREADS INFECTION

*Twenty years ago, the MMR vaccine was found to infect virtually all of its recipients with measles. The manufacturer Merck's own product warning links MMR to a potentially fatal form of brain inflammation caused by measles. Why is this evidence not being reported?*

BY SAYER JI

FOUNDER, GREENMEDINFO, MEMBER NHF BOARD OF GOVERNORS

## The Vaccinated Spreading Measles

The phenomenon of measles infection spread by MMR (live measles-mumps-rubella vaccine) has been known for decades. In fact, twenty years ago, scientists working at the CDC's National Center for Infectious Diseases, funded by the WHO and the National Vaccine Program, discovered something truly disturbing about the MMR vaccine: it leads to detectable measles infection in the vast majority of those who receive it.

Published in 1995 in the *Journal of Clinical Microbiology* and titled, "Detection of Measles Virus RNA in Urine Specimens from Vaccine Recipients," researchers analyzed urine samples from newly MMR-vaccinated, 15-month-old children and young adults and reported their eye-opening results as following:

- Measles virus RNA was detected in 10 of 12 children during the 2-week sampling period.
- In some cases, measles virus RNA was detected as early as 1 day or as late as 14 days after the children were vaccinated.
- Measles virus RNA was also detected in the urine samples from all four of the young adults between 1 and 13 days after vaccination.



The authors of this study used a relatively new technology at that time, namely, reverse transcriptase polymerase chain reaction (RT-PCR), which they believed could help resolve growing challenges associated with measles detection in the shifting post-mass immunization, epidemiological and clinical landscape. These challenges include:

- A changing clinical presentation towards 'milder' or asymptomatic measles in previously vaccinated individuals.
- A changing epidemiological distribution of measles (a shift toward children younger than 15 months, teenagers, and young adults).

- Increasing difficulty distinguishing measles-like symptoms (exanthema) caused by a range of other pathogens from those caused by measles virus.
- An increase in sporadic measles outbreaks in previously vaccinated individuals.

Twenty years later, PCR testing is widely acknowledged as highly sensitive and specific, and the only efficient way to distinguish between vaccine-strain and wild-type measles infection, as their clinical presentation are indistinguishable.

## Did the CDC Use PCR Testing on the Disneyland Measles Cases?

The latest measles outbreak at Disneyland is a perfect example of where PCR testing could be used to ascertain the true origins of the outbreak. The *a priori* assumption that the non-vaccinated are carriers and transmitters of a disease the vaccinated are immune to has not been scientifically validated. Since vaccine strain measles has almost entirely supplanted wild-type, communally acquired measles, it is statistically unlikely that PCR tests will reveal the media's hysterical storyline – "non-vaxxers brought back an eradicated disease!" – to be true. Until such studies are performed and exposed, we will never know for certain.



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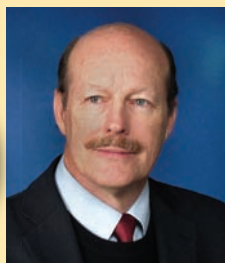
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Laura Hayes, of *Age of Autism*, recently addressed this key question in her insightful article "*Disney, Measles, and the Fantasyland of Vaccine Perfection*:"

**"Has there been any laboratory confirmation of even one case of the supposed measles related to Disneyland? If yes, was the confirmed case tested to determine whether it was wild-type measles or vaccine-strain measles? If not, why not? These are important questions to ask. Is it measles or not? If yes, what kind, because if it's vaccine-strain measles, then that means it is the vaccinated who are contagious and spreading measles resulting in what the media likes to label 'outbreaks' to create panic (a panic more appropriately triggered by our 25-year history of epidemic autism)."**

It would be what one might call vaccine fallout. People who receive live-virus vaccines, such as the MMR, can then shed that live virus, for up to many weeks and can infect others. Other live-virus vaccines include the nasal flu vaccine, shingles vaccine, rotavirus vaccine, chicken pox vaccine, and yellow fever vaccine." (emphasis added)

### **Additional Evidence That the Vaccinated Are Not Immune, Spread Disease**

The National Vaccine Information Center has published an important document relevant to this topic titled "The Emerging Risks of Live Virus & Virus Vectored Vaccines: Vaccine Strain Virus Infection, Shedding & Transmission." Pages 34-36 in the section on "Measles, Mumps, Rubella Viruses and Live Attenuated Measles, Mumps, Rubella Viruses" discuss evidence that the MMR vaccine can lead to measles infection and transmission.

#### **Cases highlighted include:**

- In 2010, *Eurosurveillance* published a report about excretion of vaccine-strain measles virus in urine and pharyngeal secretions of a Croatian child with vaccine-associated rash illness.<sup>1</sup> A healthy 14-month-old child was given MMR vaccine and eight days later developed macular rash and fever. Lab testing of throat and urine samples between two and four

weeks after vaccination tested positive for vaccine strain measles virus. Authors of the report pointed out that when children experience a fever and rash after MMR vaccination, only molecular lab testing can determine whether the symptoms are due to vaccine strain measles virus infection. They stated: "According to WHO guidelines for measles and rubella elimination, routine discrimination between etiologies of febrile rash disease is done by virus detection. However, in a patient recently MMR-vaccinated, only molecular techniques can differentiate between wild type measles or rubella infection or vaccine-associated disease. This case report demonstrates that excretion of Schwartz measles virus occurs in vaccines."

- In 2012, *Pediatric Child Health* published a report describing a healthy 15-month-old child in Canada, who developed irritability, fever, cough, conjunctivitis, and rash within seven days of an MMR shot.<sup>2</sup> Blood, urine and throat swab tests were positive for vaccine-strain measles virus infection 12 days after vaccination. Addressing the potential for vaccine-strain measles virus transmission to others, the authors stated, "While the attenuated virus can be detected in clinical specimens following immunization, it is understood that administration of the MMR vaccine to immunocompetent individuals does not carry the risk of secondary transmission to susceptible hosts."
- In 2013, *Eurosurveillance* published a report of vaccine-strain measles occurring weeks after MMR vaccination in Canada. Authors stated, "We describe a case of measles-mumps-rubella (MMR) vaccine-associated measles illness that was positive by both PCR and IgM, five weeks after administration of the MMR vaccine." The case involved a two-year-old child, who developed runny nose, fever, cough, macular rash, and conjunctivitis after vaccination and tested positive for vaccine-strain measles virus infection in throat swab and blood tests<sup>3</sup> Canadian health officials authoring the report raised the question of whether



there are unidentified cases of vaccine-strain measles infections and the need to know more about how long vaccine-strain measles shedding lasts. They concluded that the case they reported “likely represents the existence of additional, but unidentified, exceptions to the typical timeframe for measles vaccine virus shedding and illness.” They added that “further investigation is needed on the upper limit of measles vaccine virus shedding based on increased sensitivity of the RT-PCR-based detection technologies and immunological factors associated with vaccine-associated measles illness and virus shedding.”

In addition to this evidence for the disease-promoting nature of the measles vaccine, we **recently reported on a case of a twice-vaccinated adult in New York City** becoming infected with measles and then spreading it to two secondary contacts, both of whom were vaccinated twice and found to have presumably protective IgM antibodies.

This double failure of the MMR vaccine renders highly suspicious the unsubstantiated claims that when an outbreak of measles occurs the non- or minimally vaccinated are responsible. The assumption that vaccination equals bona-fide immunity has never been supported by the evidence itself. We have previously reported on a growing body of evidence that even when a vaccine is mandated, and **99% of a population receive the measles vaccines**, outbreaks not only happen, but as compliance increases vaccine-resistance sporadic outbreaks also increase – a clear indication of **vaccine failure**.

There is also the concerning fact that according to the MMR vaccine's manufacturer Merck's own product insert, the MMR can cause measles inclusion body encephalitis (MIBE), a rare but potentially lethal form of brain infection with measles. For more information, you can review a case report on MIBE caused by vaccine strain measles published in the journal *Clinical Infectious Diseases* in 1999, titled “Measles inclusion-body encephalitis caused by the vaccine strain of measles virus.”

## Global Measles Vaccine Failures Increasingly Reported

China is not the only country dealing with outbreaks in near universally vaccinated populations. Between 2008-2011, France reported over 20,000 cases of measles, with adolescents and young adults accounting for more than half of cases.<sup>4</sup> Remarkably, these outbreaks began when France was experiencing some of their highest coverage rates in history. For instance, in 2008, the MMR1 coverage reached 96.6% in children 11 years of age. For a more extensive review of measles outbreaks in vaccinated populations, read our article “The 2013 Measles Outbreak: A Failing Vaccine, Not A Failure to Vaccinate.”<sup>5</sup>

Given that clinical evidence, case reports, epidemiological studies, and even the vaccine manufacturer's own product warnings, all show directly or indirectly that MMR can spread measles infection, how can we continue to stand by and let the media, government, and medical establishment blame the non-vaccinated on these outbreaks without any concrete evidence? 🔥

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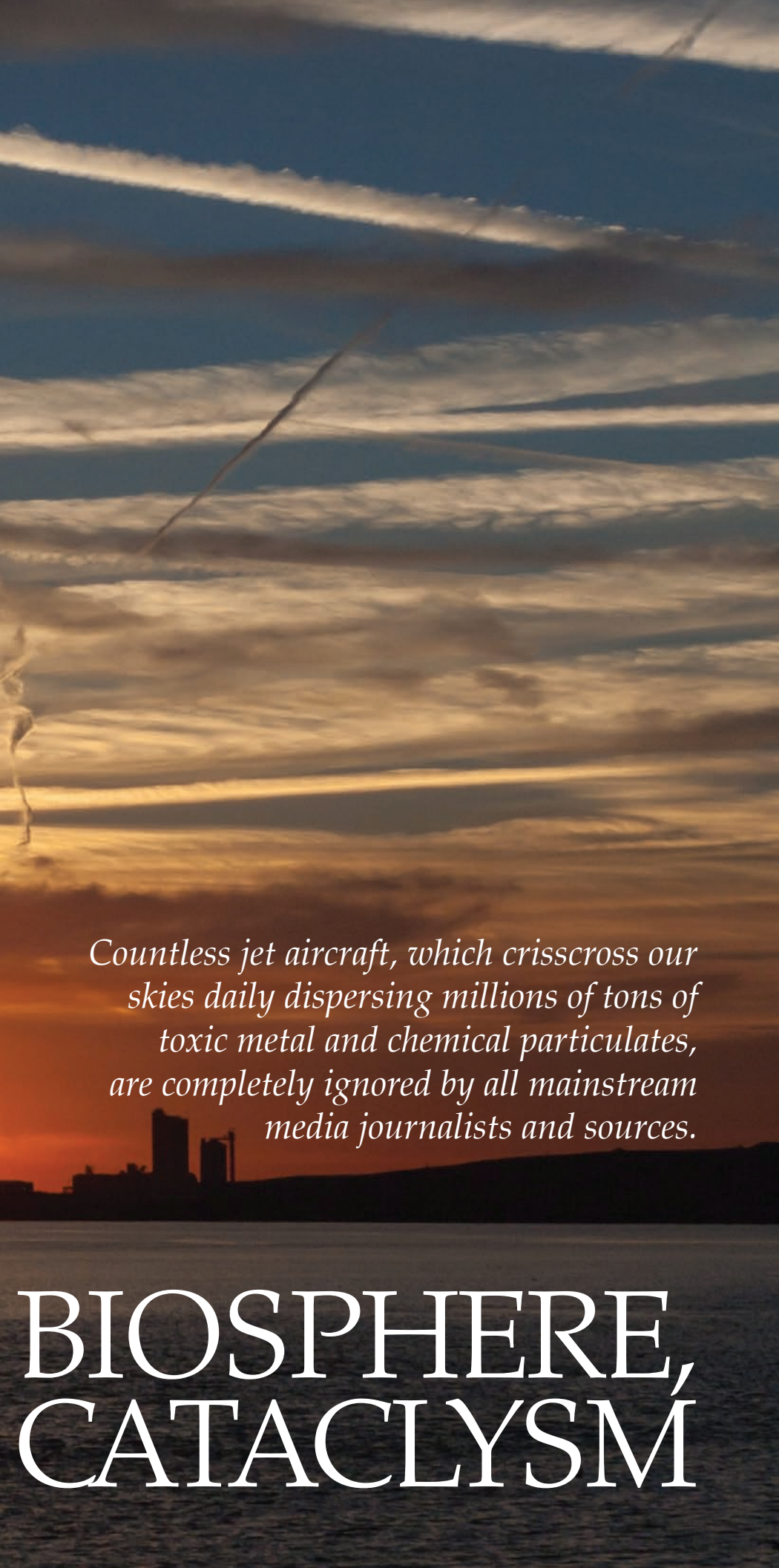
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# ENGINEERING THE AN UNFOLDING





*Countless jet aircraft, which crisscross our  
skies daily dispersing millions of tons of  
toxic metal and chemical particulates,  
are completely ignored by all mainstream  
media journalists and sources.*

# BIOSPHERE, CATACLYSM

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BY DANE WIGINGTON

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**W**hat you don't know can hurt you. What if there were a monumental environmental threat that you didn't even know was happening? What if you found out about this threat and then realized it was affecting your health and that of people you know and love? What if you discovered that this issue had the potential to destroy our crops and trees, the soil they are grown in, our entire water supply, and the biosphere as a whole and that if you didn't act, we could never turn back? What if this environmental threat came into use in an insidious way, just as GMO foods have come into our food supply without our knowledge or consent? What if it appeared to be harmless, but it wasn't? And what if it were so cleverly woven into our culture that we didn't even see it anymore? What if it were so masterfully stigmatized and wrapped in controversy that if you thought it strange or concerning, you'd be scorned or ignored?

## What Major Factor Causing “Climate Change” Are They Not Telling Us About?

More alarming articles and studies are surfacing each day that confirm the rapidly changing state of Earth’s life-support systems and climate. Humanity has decimated the Planet in countless ways and the repercussions are becoming catastrophic. Although there are certainly many parts to this unfolding story, the largest piece of the puzzle by far still goes completely unacknowledged by most of the scientific community and all of the mainstream media/corporate/military/industrial complex. The massive elephant in the room has been, and still is, “stratospheric aerosol geoengineering” (“SAG”), also known as “solar radiation management” (“SRM”).

for solar radiation management? Based on available data, there are a number of known objectives including but not limited to SRM, weather warfare, over-the-horizon radar enhancement, controlling food production, and possible biological testing. There are likely many more aspects and agendas related to the atmospheric spraying that we cannot yet know.

## Many Geoengineering Patents Have a Stated Goal of Slowing Global Warming

Aluminum/alumina, among other toxic metals, is showing up in countless rain tests around the World. The amount of aluminum, barium, and other metals in these rain/snow tests is always high and often completely off the charts. Snow tests from

background” contamination.

Levels this high can only be considered extremely toxic. Since these toxic metals are in the snow and the rain, they can only come from the air. Aluminum in “free form” does not naturally exist in the environment but is always bonded to other elements. So, where is it coming from? Aluminum is the primary element named in numerous geoengineering patents, the same patents that describe dispersing this aluminum from jets for the expressed purpose of blocking the Sun. SRM is exactly what we see aircraft “trails” doing in our skies day in and day out, creating artificial cloud cover and haze, which blocks direct sunlight.

It is important to remember that this contamination is not local, but global in scope. Movements have formed in countries all over the World that are desperately trying to address this dire issue.

## Ozone Layer Destruction, Disturbed Hydrological Cycle, Fungal Proliferation, and Species Extinction

Ozone layer damage is yet another known consequence of geoengineering the atmosphere.<sup>4</sup> The “hydrological cycle” of the Planet is also being completely disrupted by the geoengineering aerosol saturation of the atmosphere. Fungal proliferation is yet another inevitable crisis when the atmosphere is filled with particulates, when soils are contaminated with the geoengineering fallout, and when waters are polluted with the same. Already, countless species are feeling the effects.<sup>5</sup> The current “species extinction rate” should be absolutely shocking to all. At the present time, the “extinction rate is 10,000 times “natural variability.” This is 1,000,000% of “normal background rates.” Although the mainstream media would never discuss this, we are currently in the sixth mass extinction on planet Earth.<sup>6</sup> Is geoengineering responsible for all of this? Of course not, (there are countless forms of anthropogenic damage to the Planet); but if the available science and data is considered, geoengineering is likely by far the single most-significant cause of environmental and climate devastation on the Planet today. Drought, deluge, hazy toxic skies, and total contamination of the biosphere: Welcome to geoengineering.



The current “species extinction rate” should be absolutely shocking to all.

## What Is Stratospheric Aerosol Geoengineering And Why Is It So Dangerous?

Stratospheric aerosol geoengineering is a primary term for the ongoing global climate modification programs being conducted by major powers around the World. “Aerosols” in this scenario is a term for microscopic particles that are suspended in the air. A primary stated goal of the geoengineering programs is to provide a “solar shield” to slow “runaway climate change” by spraying tens of millions of tons of highly toxic heavy metal nano-particulates (a nanometer is 1/1,000,000,000 of a meter) into the atmosphere from jet aircraft. Is the spraying only

Mt. Shasta in Northern California were toxic beyond belief.<sup>1</sup> This area of the Pacific Northwest was thought to be a pristine water source. Dozens of rain samples taken in this region from numerous individuals were tested at the State-certified lab in Northern California and showed shocking results without exception.<sup>2</sup> Former U.S. Forest Service Biologist Francis Mangles has confirmed the alarming heavy-metal contamination with his own testing.<sup>3</sup> Snow tests taken from the side of Mt. Shasta showed aluminum content as high as 61,000 ppb (parts per billion). This level of aluminum in the snow is tens of thousands of times anything that might be considered “normal



## **Aerosol Saturated Skies – The New Norm**

Although rain and snow are falling in areas of North America, at times in a deluge or “blizzard” (depending on the season), the droughts in the continental United States (and many other regions around the Globe), are getting rapidly worse.<sup>7</sup> There are now often massive areas of drifting cloud cover spanning thousands of miles over land masses and oceans with little or no precipitation. Why is this? Why are the skies often completely featureless as these expansive cloud banks and upper level “haze” drift across the Globe? If any natural clouds can be recognized in these “drifting masses,” they often appear “melted into” the upper story of geoengineering haze. Horizon-to-horizon particulate trails are not the only indication of atmospheric aerosol spraying. Clouds should be “white” and the sky “blue.” Wispy, dingy, cobweb-like upper level “clouds” are not natural and are another hallmark of spraying, as are “silvery white” skies.

## **Global Dimming, the Loss of Blue Skies**

There is a mountain of scientific data to confirm the reality of “global dimming.” Most have never even heard the term, much less noticed the effect over recent decades. Although articles from mainstream publications admit to the global dimming issue,<sup>8</sup> most understate the percentage of dimming and all point the finger at “pollution particulates” as the sole cause. Countless jet aircraft, which crisscross our skies daily dispersing millions of tons of toxic metal and chemical particulates, are completely ignored by all mainstream media journalists and sources.

To date, mainstream media has done its best to avoid even mentioning the subject of geoengineering much less admitting to these ongoing programs of total planetary devastation. The overall ramifications from global dimming and geoengineering cannot be accurately quantified. As previously mentioned, the loss of photo synthesis, destruction of the ozone layer, reduction in global rainfall, loss of blue sky, toxification of soils and waters; these are only a few of the known consequences of the global atmospheric spraying.

## **Greatly Diminished Atmospheric Protection from the Sun**

What does this imply? As already documented above, saturating the atmosphere with particulates shreds the protective layers of the atmosphere, namely the ozone layer. Particulate saturation in the upper atmosphere causes a chemical reaction that does the damage. There is now a massive Northern hemisphere ozone hole in addition to the Southern Hemisphere hole we have all heard about for decades.<sup>9</sup> Stratospheric aerosol geoengineering is in all likelihood the primary cause of the global ozone depletion, not just “CFCs” as we have been told. Again, this has already been cited above and can be easily researched. Search “geoengineering and ozone destruction/damage.” All available science makes this point clear. Without the ozone layer, there would be no terrestrial life on our Planet.

## **Wind-Pattern Changes and Catastrophic Methane Release**

Wind current pattern changes in turn trigger ocean current changes. Most are completely unaware of the wind and ocean current changes occurring around the Globe. Even fewer are aware of the ramifications that are already unfolding from these changes. Ocean current changes are already delivering warmer waters to regions with vast undersea methane deposits.<sup>10</sup> These deposits are known as “methane hydrate” deposits and literally hold life on Earth in the balance. Many regions around the Globe are beginning to expel methane from hydrate and clathrate deposits. The East Siberian Shelf of the Arctic is already undergoing mass methane release. All available data indicates that this event alone is changing our biosphere by the day. Although groups of scientists such as the “Arctic Methane Emergency Group” AMEG are calling for “emergency wartime scale geoengineering to avert planetary catastrophe,”<sup>11</sup> the very geoengineering programs they are selling as a cure are more likely a major causal factor in triggering the methane catastrophe in the first place. Climate engineering has radically altered upper level wind patterns. This, in turn, has altered ocean currents. There are now warm water currents entering into the Arctic and

thawing methane hydrate on the seabed. The fully deployed planetary geoengineering programs have been altering global weather patterns at an ever increasing level for decades. Again, it is these alterations that have likely been a major factor in the triggering of mass methane release.

Saturation of the atmosphere with methane is equivalent to covering the Planet with a sheet of glass. The Sun’s thermal energy gets in, but does not get out. Although most articles on methane release state methane to be 20 times more potent a greenhouse gas than CO<sub>2</sub>, this is over a 100-year time horizon. Over a ten-year time horizon, methane is at least 100 times more potent. In addition to the atmospheric damage caused by the methane release, there is also ocean acidification. As the methane migrates from



**Deposits known as “methane hydrate” literally hold life on Earth in the balance.**

the sea floor to the surface, much is dissolved into the water. Oceans are currently acidifying at an extremely alarming rate. Again, the consequences of methane release alone threatens all life on Earth.

## **Making Ocean Acidification Even Worse**

Adding to the catastrophic ocean acidification is another form of geoengineering called “ocean fertilization.” This is the intentional dispersion of iron over the oceans in order to force plankton blooms and thus sequester even more CO<sub>2</sub> in the already acidic seas. This process is also adding to the complete decimation of Earth’s oceans.

## No “Natural” Weather

The global geoengineering/weather modification programs have likely been going on for over six decades. Recently found documents from the NASA archives indicate that these programs already had budgets into the hundreds of millions of dollars even by the mid-1960s.<sup>12</sup> These already massive climate-altering programs were radically ramped up in the last 15 years. Although most of us alive today have perhaps known little truly “natural” weather, what we are experiencing today is anything but natural. The climate now “swings” radically from one extreme to another. It has become common to have Spring-like temperatures one day and snow (artificially nucleated) the next. These “swings” or “fluctuations” are getting ever more severe as the geoengineers continue to force the climate system far past the breaking point.



## Dry Lightning and Out-Of-Control Forest Fires

An atmosphere that is more conductive from metal particulate saturation can produce more frequent lightning. These same particulates also have the net effect of “diminishing and dispersing” rain. Forests around the Globe are now filled with dead and dying trees.<sup>13</sup> In addition, the foliage of trees are now covered with what amounts to an “incendiary” dust from the geoengineering particulates. Add the shredded ozone layer, which creates more heat, and the “weather modified” conditions are even worse. The obvious result is more frequent and catastrophic forest fires. This phenomenon is being played out around the Globe. The Summer of 2012 saw the Northern Hemisphere burning down, now it is Australia and Tasmania in meltdown.<sup>14</sup>

## Artificially Nucleated Snow Storms

Yet another seemingly impossible aspect of global weather modification is geoengineered snow storms. Many will write this one off as impossible without any investigation. That is a mistake as the science of chemical ice nucleation is very established and commonly practiced in many arenas, although it is hard to comprehend this process being done on such a massive scale. There are several patents on “artificial ice nucleation for weather modification,” including one from NASA.<sup>15</sup>

Artificially nucleated storms appear to be carried out under a myriad of conditions. In many cases, storms that should have yielded only rain, can be artificially nucleated to “change over” to snow. The term “change-over” has recently been coined by *The Weather Channel* and other corporate/military/industrial complex weather agencies. Snow from a geoengineered snow event is often referred to as “heavy wet snow” (another recent term meteorologists are now using). This “snow” can begin to fall at temperatures far above freezing, although the ongoing chemical process eventually produces a shallow cool air mass that settles to ground level. The resulting “snow” and “ice” can sometimes remain a surprisingly long time in spite of warmer temperatures, a result of artificial chemical nucleation. This aspect of weather modification is covered in the following article, “Geoengineered Snow Storms Are Wreaking Havoc Around The Globe.”<sup>16</sup>

## Temporary Cooling at The Cost Of a Worsened Overall Warming

This is the net result of geoengineering. Nature does not give something for nothing. This should seem all too obvious, but unfortunately the “scientists” in so many cases seem to be completely blind to the consequences of their experiments. In the case of cloud seeding to produce rain, if they succeed, then that moisture will not end up where it would have otherwise gone. In the case of saturation spraying that is known to diminish rain by scattering it into massive artificial cloud cover and haze, where will all that moisture end up? Coming down somewhere else in a deluge? Is this perhaps

why the U.S. West is locked in record drought and U.S. East is having record rains?

The cooling effects of geoengineering come at the cost of a much worsened overall warming of the Planet. Even NASA admits that “condensation trails” (geoengineering particulate trails) are significantly warming the Planet.<sup>17</sup>

## The Systemic Poisoning of All Life on Earth

Sound like an “alarmist” statement or conspiracy theory? All available data points to this conclusion as a hard and undeniable fact for any who do objective research.

Countless lab tests of precipitation from around the Globe have been done by concerned individuals and groups in recent years, and the results are shocking to say the least. Our rain and snow is quite literally packed with the very same highly toxic heavy metals named in numerous geoengineering patents as primary elements. The air we breathe is also laden with the same toxins aluminum/alumina, barium, strontium, manganese, thorium, and now even fluoride is being reported in recent tests from Norway. So much metal has fallen on the boreal forests of the Pacific Northwest that soil pH changes of up to 15 times more alkaline have been noted. A recent documentary film by filmmaker George Barnes titled “*Look Up*” covers some of these changes and the forest die-off that is occurring in boreal forests.<sup>18</sup> Although there are countless articles documenting the die off of forests around the Globe, putting the blame only on increasing temperatures, drought, and beetles, none mention geoengineering. To omit geoengineering in this equation is to omit what appears to be the greatest factor of all. The lethal effects of “bioavailable” aluminum in rainwater and thus aluminum in soils is well documented.<sup>19</sup> Its effect on trees is also noted in science studies.

Of course there are corporations who exist to profit from calamity. Monsanto always seems to be at the top of this list. As geoengineered drought and aluminum sterilized soils force independent farmers to sell, international ag-corporations are there to buy up the land and put to use their “aluminum resistant seeds.”<sup>20</sup>



## What Is Geoengineering Doing To Us?

Inhalation of microscopic particulates is highly damaging no matter what the particulate material, the metallic particles in question are especially lethal. Respiratory ailments and mortalities are now literally epidemic. Degenerative human diseases that are linked to heavy metal exposure are now going virtually off the charts. ADD, Alzheimer's, Autism, acute lymphoblastic leukemia, immune dysfunction, and many other diseases associated with heavy metals, have all skyrocketed in recent years. According to scientists like internationally known neuroscientist Russell Blaylock, the heavy metal nano-particles are so small that they pass right through the lung lining into the bloodstream.<sup>21</sup> There, they can adhere to cell receptors like a plaque, slowly but surely shutting down bodily functions and the immune system. These metals are all but impossible to remove once they have become lodged in the body. In addition, virtually every bite we eat is now contaminated with these toxic nano-particles as they are absorbed by plant life, which is highly damaging to crops.<sup>22</sup>

Stratospheric aerosol geoengineering (also known as "solar radiation management") has now tainted all. Every breath we take, every bite we eat; all is contaminated. A mountain of data, studies, and testing confirms this conclusion beyond reasonable doubt.<sup>23</sup>

We are all quite literally under assault. The threat to all life on Earth from the global weather modification programs cannot be overstated. It is likely the vast majority of military and private sector people involved with geoengineering do not understand the consequences of what they are participating in.

Time is not on our side. Every day global geoengineering continues, our biosphere is diminished. It is imperative to force the ongoing climate engineering programs into public disclosure. Only when the geoengineering issue is truly out in the open, and those who physically carry out the spraying realize what they are a part of, do we have a chance to stop these lethal programs. 🔥

*Dane Wigington is the lead researcher and administrator for the website [www.geoengineeringwatch.org](http://www.geoengineeringwatch.org), a global hub for climate engineering information. Dane is a former employee of Bechtel Power Corp and has a background in renewable energy, his home was on the cover article for the World's largest renewable energy magazine. Dane has dedicated the last ten years to researching and exposing the ongoing global climate engineering operations.*

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# THE ROOT CANAL AND BREAST-CANCER CONNECTION

ALIREZA PANAHPOUR, D.D.S.

**I**nfected root canals are a common example of the mouth-body connection that dental schools need to teach more about, and that consumers of dental services need to be more aware of. Everyone needs to be alerted to the possibility of a root-canal infection. And everyone should be alerted to the danger of tolerating chronic focal infections in the jaw for any length of time, because of possible ramifications on patients' oral-systemic health.

Chronic oral infections can raise your risk of a variety of illnesses. Foremost are stroke and cardiovascular problems, but also rheumatoid arthritis, diabetes, respiratory infections, cancers, and pregnancy problems. If a person has a root canal and is having any of these issues, he or she needs to make sure that the root canal is not infected. Fighting an infection day after day in a dead root-canal tooth will tax anyone's immune system. If a patient is struggling immunologically, that is a sign of a possible chronic infection, and dentists need to be able to determine if the cause of the immune challenge is in the mouth. Patients also need to be aware of these risks when dentists offer them a root-canal procedure in the first place.

As a systemic dentist, I do not offer root canals to my patients because I am quite well aware that the systemic risks outweigh any benefit. For oral-systemic health, I believe infected teeth need to come out rather than be root canaled and kept in the jaw as a dead tooth. A root-canal tooth is a dead tooth that will attract infection over time because the tooth is made of thousands of micro-tubules that attract anaerobic bacte-



**Thermography image of infected root canal**

Courtesy of the Breast Health and Preventive Education Center

ria. To demonstrate the risks, I want to share experiences that I have had in my practice treating patients with breast cancer who had infected root canals.

Over time, the physicians I team up with were sending me breast-cancer patients for dental assessment. In these cases, blood panels showed signs of infection but the doctors could not locate a source. When you have a situation like this, the next logical step is to check for possible infection in the mouth.

I began the practice of sending these patients in for thermography, which is a noninvasive way to map the body by temperature. Thermography is an extremely useful diagnostic tool in this regard, although most in-

surance plans do not cover it.

When I looked at the hot and cold areas of the body in the thermography pictures of the breast-cancer patients, I could clearly see what was going on. In thermography, cold areas reveal not enough blood flow, whereas hot spots reveal areas of possible infection.

In the breast-cancer cases that had been referred to me, I saw hot spots in the jaw suggesting focal infections from root canals that were draining via the lymphatic system straight into the breast area. Thermography allowed me to locate infection in the jaw of these breast-cancer patients that their doctors could not find, even though blood tests clearly indicated an infection somewhere in the body. I could then use digital x-rays of the area to confirm my suspicion.

Could these chronic, focal bacterial infections in the jaw have caused the patients' breast cancers? Not directly, because bacterial in-

fections do not cause cancer. But indirectly, a chronic infection can contribute to the development of cancer because, over time, chronic infections wreak havoc on a person's immune system. A weakened immune system sets the stage for dysfunction in cytochemistry (cell biochemistry) that can lead to cancerous tumor growth and the inability of the immune system to trigger cell death in cancer cells. Cancer (and a host of other diseases) is more likely to appear in a person who is struggling immunologically.

Obviously, people can become overwhelmed dealing year after year, even decade after decade, with chronic infections in the jaw from infected root canals. Often the immune system is so relieved when the



infection is finally removed that the patient rebounds quickly into a greater state of health. I like to work closely with the patient to arrange to see the attending physician the day after oral surgery because patients often experience a huge shift on that day. I find it absolutely crucial that patients are prepared properly to enter each new stage of healing. When surgery is done in a non-traumatic way, after the patient has been prepared properly on all levels – neural, lymphatic, structural, and psychological – the body is so relieved to have the infected tissue out of the jaw that it just shines. Let me give you an example in a case I treated.

## CASE STORY

A prominent actress who was very well-off had breast cancer not once, but twice. She had surgery that was followed by radiation and chemotherapy. After the second bout of cancer, she was no longer able to perform, so she retired to the Caribbean to recover her health. She came to me to get a fresh start. She never wanted to have breast cancer again, so she was checking everything, including her teeth. She wanted to know why her breast cancer returned because she had done everything her doctors had told her to do the first time.

I referred her to a naturopathic physician to do a full-body analysis. Her blood test showed signs of infection somewhere in her body. I sent her for thermography, and her thermography report showed hot spots where her six root canals were draining infection into her lymphatic system, right into her breasts. Physically, those infected root canals were weakening her immunity. Energetically, they were causing disturbances in her vitality. Emotionally and spiritually, she was exhausted. She was a strong woman, but her long battle with breast cancer was obviously wearing her down.

This brave woman, who had been through so much, was an intensive researcher and spent hours on the Internet. She was eager for information and that curiosity would provide her salvation. She wanted to know her options, which we reviewed together.

The first option was to completely amputate all six teeth with infected root canals, because those dead teeth were attracting re-

current infections that were wreaking havoc on her immune system's ability to deal with cancerous cells. Mind you, I say amputate very deliberately; it's not really an extraction. It's an amputation when you remove a tooth. As I said before, each tooth is like an organ with a blood supply, neural supply, connecting ligaments, lymphatic supply, and so forth. All of this structure has to be properly removed so that there is no dead tissue left to attract infection.

The second option was to refer her to a root-canal specialist – an endodontist – to redo the root canals and hope that the chronic infections would go away permanently. However, in my experience, this never happens. In a matter of years, sometimes months, sometimes even days, the infection returns. Each time the patient's immune system gets more and more stressed. Gut flora problems can emerge, as the endodontist will typically prescribe antibiotics to treat the infection in the root canal so that he can redo the root canal. The patient feels better in the short term, but pathogenic bacteria can survive the round of antibiotics and become antibiotic-resistant. Meanwhile, the patient's good bacteria are killed off – the very ones that would help keep the bad bacteria in check. The result is that when the infection comes back a second time, or third time, it is often more virulent and the infection is worse, placing even more intense stress on the immune system.

The last resort was to inject ozone around the infected and dead root-canal teeth in order to sterilize the infected areas and give her immune system a break. Dental ozone therapy is an amazing tool for killing anaerobic bacteria on contact, and can provide immediate relief. However, this technique doesn't last forever. In time, the infection will return because the dead tooth with the root canal is like a sponge for pathogenic bacteria – the kind of bacteria that live without oxygen. It is simply impossible to clean out all bad bacteria in a root canal because there are literally hundreds, if not thousands, of microtubules in a dead tooth that cannot be reached.

My patient was adamantly opposed to amputating her teeth. She told me that as an actress, even a retired actress, she needed to keep those teeth in her mouth. Period.

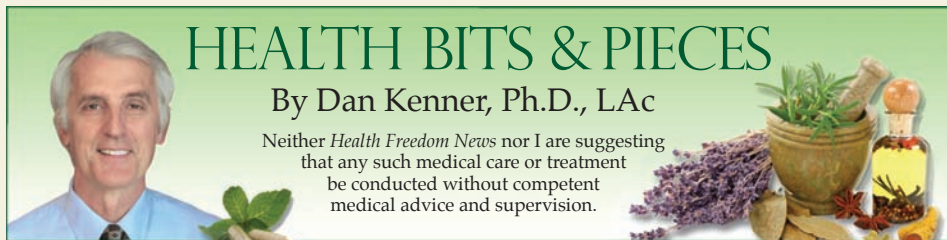
Choosing not to amputate left only two options: have the root canals redone or start injecting ozone. She chose the ozone injections. We took a bacterial count of her mouth and measured her biofilm to get a baseline reading.

After her first ozone treatment, we measured her oral bacterial count on a daily basis. By the 28th day, we saw the levels go back up again. She set up a schedule to come in every 30 to 40 days for ozone injections. Sometimes she would go 40 days, but other times she wouldn't make it even 30 days without the return of symptoms. She would fly in on a private jet, limo over to my office, spend a few hours getting ozone injections, and then off she would go. She had the means to do it and the commitment and this was her choice. Between treatments, she used a mouth rinse with ozonated oils and was on a lymphatic drainage program. She also went to a chiropractor to assist lymphatic drainage and followed a nutritional protocol to support her immune system.

It took more than ten appointments for my patient to make her final decision about the best approach to take. After about 10 months, I received an email stating that she had made the decision to have all the teeth with root canals removed. She explained that over the past 10 months, she experienced feeling like a different person right after ozone treatments. As the infection would come back, she witnessed herself change back to the other person. She liked the new person better. Her vanity aside as an actress, she wanted to be that other person. In addition, a grandchild came into her world who made a difference in her life. The joy from that baby made her want to focus on being around for as long as possible. She knew that the root canals were placing a constant stress on her immune system and she did not want to risk another bout of cancer.

With her permission and even enthusiasm, we safely removed all six infected root canals. The patient has remained cancer free. 🔥

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## Fake Immunity

One of the major arguments against vaccine-induced immunity is that it primarily stimulates a superficial layer of the immune system called the humoral immune system, rather than the cellular immune system, which has actual resolving power in combating disease. Antibodies are produced by the humoral immune system and then routinely measured to determine "immunity." The problem with this approach is that you can have high antibody levels and still get the disease. Antibodies do not necessarily have any resolving or preventive power with illness: People with permanent herpes infections have herpes antibodies. Infection from HIV is diagnosed by detecting HIV antibodies. Antibodies have no impact on the course of disease in either herpes or AIDS. Cellular immunity develops from having a childhood disease. Yet, to license a vaccine, it is only necessary to prove that they induce the formation of antibodies, not prove safety or efficacy.

According to the IRIS Research Center, formulating new vaccines so that they influence cellular immunity is one of the major challenges of vaccine research because antigen-specific antibody titers do not correlate with protection.

And the Centers for Disease Control and Prevention (CDC) report that, "[t]he findings of efficacy studies have not demonstrated a direct correlation between antibody responses and protection against pertussis disease." This is supported by the National Advisory Committee on Immunization, which stated, "[t]here is no known direct correlation between levels of specific pertussis antibodies and protection against pertussis."

Antibody titers indicate that there has been an immune response, but they **do not** indicate future immunity. Furthermore, there is evidence that antibodies are not required for immunity to viral infections.

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## Germ Warfare

Another reason why vaccines might be disease time bombs is because they contain retroviruses, mycoplasma, pertussis toxoid, cholera toxin, and other biological detritus along with metals like aluminum salts and mercury. Vaccines may be "seeding" humans with virus RNA. Dormant proviruses could later be activated, resulting in multiple sclerosis or Parkinsonism. Polio vaccine was contaminated with a cancer-causing virus, called SV-40. According to polio researcher Dr. Frederick Klenner, "Many voice a silent view that the Salk and Sabin vaccine, being made from monkey kidney tissue, has been directly responsible for the major increase in leukemia in this country." At a September 10, 2003, investigative hearing of the U.S. House Subcommittee on Human Rights and Wellness chaired by Congressman Dan Burton, testimony was provided by attorney Stanley Kops that the Salk vaccine was not likely the only vaccine contaminated with SV40 and used by millions of American children. Pediatric brain cancer, once rare, rose during the past few decades according to the National Cancer Institute. But it is unknown how many of these children had or have SV40 in their brain tumors because nobody checks. There has been a Federal ban on the use of cancer cells to produce vaccines since 1954. There is now discussion about lifting that ban despite the acknowledged risks of contamination with a variety of potentially hazardous materials, including residual DNA and RNA. Some of the other ingredients in vaccines include mercury and aluminum salts, ethylene glycol, carbolic acid, acetone, and other toxic chemicals. Read what the Institute of Medicine on the National Academy of Science has to say about vaccine safety and "side effects."

Stratton K, Ford A, Rusch E, Clayton E, Editors, Committee to Review Adverse Effects of Vaccines; Institute of Medicine, Institute of Medicine Report on Adverse Effects of Vaccines: Evidence and Causality: PDF is available for download from The National Academies Press at [http://www.nap.edu/catalog.php?record\\_id=13164](http://www.nap.edu/catalog.php?record_id=13164).

## Do They Even Work?

For the risks involved, can we count on a reliable effect? According to a 1989 CDC report, "Among school-age children, [measles] outbreaks have occurred in schools with vaccination levels of greater than 98%." The CDC also reported a

measles outbreak in a documented 100% vaccinated population," while measles vaccine failure was reported in the *Canadian Medical Association Journal*.

In turn, England saw a drop in pertussis deaths when vaccination rates dropped from 80% to 30% in the 1970s. A Swedish epidemiologist observed that "pertussis-associated mortality is currently very low in industrialized countries and no differences can be discerned when countries with high, low, and zero immunization rates were compared." England, Wales, and West Germany had more pertussis fatalities in 1970 when the vaccination rate was high.

Vaccine failures have also been reported with meningitis and mumps vaccines. "The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons."

Morbidity and Mortality Weekly Report (MMWR) 38 (8-9), Dec 29, 1989; MMWR 33(24), June 22, 1984; Sutcliffe P, Rea E, "Outbreak of measles in a highly vaccinated school population," Canadian Medical Association Journal 155(10) 1407-1413; Trollfors B, Rabo E, "Whooping cough in adults," British Medical Journal Sep 12, 1981, pp. 696-697; Institution Division of Bacterial Products, Center for Biologics Evaluation and Research, Food and Drug Administration, Bethesda, Md 20892, "Haemophilus b disease after vaccination with Haemophilus b polysaccharide or conjugate vaccine," American Journal of Diseases of Children 145(12):1379-82, 1991 Dec.; Briss P, Fehrs L, Parker R, et al., "Sustained transmission of mumps in a highly vaccinated population: assessment of primary vaccine failure and waning vaccine-induced immunity," Journal of Infectious Disease 169(1): 77-82, Jan 1994. doi:10.1093/infdis/169.1.77; Review article with 50 references by the Mayo Vaccine Research Group in Archives of Internal Medicine 154(16): 1815-1920, August 22, 1994.

## Can I Catch the Measles if I Get the Autism Vaccine?

Vaccines can be the cause of disease. Investigators have found, for example, live measles virus in the cerebral spinal fluid in children who become autistic after MMR vaccinations. Antibodies to measles virus are elevated in children with autism but not in normal kids, suggesting that virus-induced autoimmunity may play a causal role. Journalist Dan Olmsted looked for children who had not been exposed to the mercury in vaccines. In scientific research, this would be called a "control group." He found his group among an Amish population in Pennsylvania, who refuse to vaccinate their infants. Olmsted calculated that there should have been 130 autistic children among the Amish in conformity with the national average. He found only four. One had been exposed to high levels of mercury from a power plant; the other three, including an adoptee, had



received vaccines.

A study published in *Neurology* in 2004 implicated hepatitis B vaccine as a causative factor in multiple sclerosis. Similarly, researchers in the UK found that having pertussis vaccination made children five times more likely to become asthmatic.

*Deadly Immunity*, by Robert F. Kennedy, Jr. Rolling Stone, Jun 20, 2005; Hernán M, Jick S, Olek M, Jick H, "Recombinant hepatitis B vaccine and the risk of multiple sclerosis - A prospective study," *Neurology* 63: 838-842, 2004; Bradstreet J, El Dahr J, Anthony A, Kartzin J, Wakefield A, "Detection of Measles Virus Genomic RNA in Cerebrospinal Fluid of Children with Regressive Autism: a Report of Three Cases," *Journal of American Physicians and Surgeons Volume 9(2) Summer 2004*; Odent M, Culpin E, Kimmel T, "Letter to the editor, Pertussis vaccination and asthma: Is there a link?" *Journal of the American Medical Association* 272: 592-593, 1994.

## Measles—the Cure for Allergies

A total of 14,893 children were included from a cross-sectional, multicenter study conducted in five European countries. The children were between 5 and 13 years of age and represented farm children, Steiner-school children, and 2 reference groups. In the whole group of children, allergic susceptibility was inversely associated with measles infection. To reduce risks of disease-related modification of exposure, children who reported symptoms of wheezing and/or eczema debuting during first year of life were excluded from some analyses. After this exclusion, inverse associations were observed between measles infection and "any allergic symptom" and "any diagnosis of allergy by a physician." However, no associations were found between measles vaccination and allergic disease. Prevention of allergic tendencies could not be observed with measles vaccine. Since vaccines cause an abnormal immune system response, it can create a predisposition to inappropriate responses to environmental stimuli.

Rosenlund H, Bergstrom A, Alm J, et al., "Allergic Disease and Atopic Sensitization in Children in Relation to Measles Vaccination and Measles Infection," *Pediatrics* March 2009; 123:3 771-778; doi:10.1542/peds.2008-0013

## A Nation of Sheep: So if you're Vaccinated, What are you Worried About?

One of the most commonly parroted sound bites in the vaccine debate is the term "Herd Immunity." The idea of herd immunity has its roots in the late 19th Century. In the 1880s, doctors noticed diphtheria lesions in the throats of children who did not actually contract the disease. This led to the creation of an explanation that people in whom the disease was "dormant" were "carriers." So, these "disease carriers" – formerly known as healthy children – were targeted as a partial cause of the epidemic. In order to eliminate the imagined

threat of exposure to people who harbor the germs, but don't have the disease, it was considered necessary to vaccinate the entire "herd."

The herd immunity concept is used to explain how vaccinated people can still contract the disease, since a critical mass of the population is not immune because they have not been vaccinated. The idea is that if 95% or more of the population can be "immunized" to an infectious disease via vaccination, the disease will be eradicated or controlled. Despite these claims, there is little proof that vaccines are responsible for eradicating diseases even when "herd immunity" vaccination levels are reached. Recent outbreaks of common diseases like measles are evidence of this.

According to Russell Blaylock, M.D., "In the original description of herd immunity, the protection to the population at large occurred only if people contracted the infections naturally. The reason for this is that naturally-acquired immunity lasts for a lifetime. The vaccine proponents quickly latched onto this concept and applied it to vaccine-induced immunity. But, there was one major problem – vaccine-induced immunity lasted for only a relatively short period, from 2 to 10 years at most, and then this applies only to humoral immunity. This is why they began, silently, to suggest boosters for most vaccines, even the common childhood infections such as chickenpox, measles, mumps, and rubella." ([www.russellblaylockmd.com](http://www.russellblaylockmd.com))

Along with the growth of interest in herd immunity, there has been a proliferation of views of what it means or even whether it exists at all. There is still a fair amount of scientific debate in which some researchers have written, particularly with respect to data on measles, challenging the concept of herd immunity. Other researchers make wide-ranging estimates, from 70 to 95%, of the threshold required for herd immunity to take place for disease eradication.

An under-vaccinated public is sometimes said to be the problem with disease epidemics, but more might not be better. Vermont declared a statewide epidemic of whooping cough that started in 2012 and continued into the year 2013. There were a total of 612 confirmed cases of pertussis of which 90% were vaccinated with the TDaP vaccine. *The New England Journal of Medicine* released a study that paralleled this outbreak showing that among the confirmed cases of whooping cough the majority of them, 80%, had received multiple TDaP vaccinations – with the most receiving 5 or 6 doses.

Furthermore, there is new evidence that exposure to a pathogen is not the only way a healthy immune system develops immunity to its pathogenicity. Immunity develops in ways that are still mysterious to the scientific community.

Fine P, "Herd immunity: history, theory, practice," *Epidemiology Reviews* 15, 265-302 (1993); Klock L, Rachelefsky G, "Failure of rubella herd immunity during an epidemic," *New England Journal of Medicine* 288, 69-72 (1973); Su L, Kidd B, Han A, Kotzin J, Davis M, "Virus-Specific CD4+ Memory-Phenotype T Cells Are Abundant in Unexposed Adults," *Immunity* Volume 38, Issue 2, 373-383, 07 February 2013; Klein N, M.D., Bartlett J, Rowhani-Rahbar A, Fireman B, Baxter R, "Waning Protection after Fifth Dose of Acellular Pertussis Vaccine in Children," *New England Journal of Medicine* 2012; 367:1012-1019 September 13, 2012 DOI: 10.1056/NEJMoa1200850.

## The Cure for Measles Mortality

This year, thousands of children in Afghanistan will die from measles; they are among the quarter million of children worldwide who die annually from this disease, a tragic situation that is at least improving. We need to encourage pharmaceutical companies to inform people that mortality from measles in Third-World children can be eliminated or dramatically reduced by two simple doses of Vitamin A. Studies funded by WHO and UNESCO have shown that mortality from measles can be practically eliminated by supplementing this vitamin in two doses. This has been known since the 1930s and there is ample evidence that this nutritional supplement can save innocent lives, even in the worst of hygienic conditions.

Centers for Disease Control. *Measles-United States*, 1990, *MMWR*. 1991;40:369-372; Olson J, "Vitamin A, retinoids, and carotenoids," In: Shils M, Young V. eds. *Modern Nutrition in Health and Disease*, Philadelphia, PA: Lea and Febiger; 1988:292-312; Barclay A, Foster A, Sommer A, "Vitamin A supplements and mortality related to measles: a randomized clinical trial," *British Medical Journal* 1987;294: 294-296;1993;91; 1014; Committee on Infectious Diseases, "Vitamin A Treatment of Measles," *Pediatrics* Vol. 91 No. 5, May 1, 1993, pp. 1014 -1015, Online version at <http://pediatrics.aappublications.org/content/91/5/1014>; Coutoudis A, Kiepiela P, Coovadia H, et al., "Vitamin A supplementation enhances specific IgG antibody levels and total lymphocyte numbers while improving morbidity in measles," *Pediatric Infectious Disease* 1992;11:203-209; Markowitz I, Nzilambi N, Driskell W, et al., "Vitamin A levels and mortality among hospitalized measles patients, Kinshasa, Zaire," *Journal of Tropical Pediatrics* 1989;35:109-112; Ellison J, "Intensive vitamin therapy in measles," *British Medical Journal* 1932;2:708-711; Hussey G, Klein M, "A randomized, controlled trial of vitamin A in children with severe measles," *New England Journal of Medicine*; 1990;323:160-164; Coutoudis A, Broughton M, Coovadia H, "Vitamin A supplementation reduces measles morbidity in young African children: a randomized, placebo-controlled, double-blind trial," *American Journal of Clinical Nutrition* 1991; 54:890-895.



## A SHORT PORTRAIT OF SYLVIA GRAY, NHF DYNAMO

Sylvia Gray is 7 years old and is feeling aggrieved. An injustice has been done. Her father simply will not allow her to have any sugar. How she longs to try the Curly Wurlies, the Smarties, the Spangles, which her friends buy in abundance with their pocket money. What cruelty! But fast forward many decades and the story is quite a different one.

"I was frustrated at the time, but looking back I'm grateful for the way I was brought up. My early health values began there, but more than that, I'm grateful that my parents encouraged us to ask questions; it was the beginning of my forming viewpoints about health and the way the World ran, which were far from mainstream."

In the build up to NHF-UK's 60th Birthday celebrations, taking place at the Quaker Meetinghouse, Manchester, England, Sylvia – as the NHF-UK Events Director – is busy lining up the speakers, liaising with the venue, and promoting and delivering an agenda for health freedom that will excite great discussions and bring new insights.

"Our speakers are Darren Deojee, whose talk is about the disembodied mind. And we have David William Gibbons, broadcaster, transitional strategist, historian, and writer. We're very excited to introduce Andy Wren too. And we have our old friend Tommy Sheridan speaking, author of *Puzzling People*, *the Labyrinth of the Psychopath*; he will present a talk on creative and emotional recovery from personal trauma from work-place bullying to pathological group dynamics. And of course our

President Scott Tips will be speaking, which is always super-inspiring. I'm hoping we can all head to a nice place afterwards to discuss important issues, and make people more aware. It's so energising being amongst like-minded people."

Sylvia has been aware from a young age that there was chronic inequality at the heart of society and government.

"I suppose you could say it has been a kind of instinctive journey for me. My first real memory of questioning the powers that be was when I was 11 and learned about Darwin's theory of evolution. It was quite different from the Christianity messages I'd heard till then. It dawned on me that the notion of the survival of the fittest gave people in power the chance to walk

all over us. I began reading and researching more as I grew older. I'm so interested in learning; psychology, philosophy, quantum physics – these are my hobbies! I've been connecting dots for years. At some point along the way I found myself looking at the reductionist models from Newton, who bases his theories on matter alone and does not address the idea of the empty space. Empty space is conscious and intelligent, we are energy beings. I love knowledge and I am constantly researching."

Sylvia describes how, studying some religious texts attributed to Jesus, she decided to conduct an experiment on herself. She based it on the idea that these teachings are non-literal. Sylvia focussed on the passage '*I will knock this temple down and rebuild it in three days.*' The challenge she set for herself was to see this text as referring not to a literal temple, but to the body.

"I decided to fast for three days and noticed a huge change took place in me. I had a deep sense that there was something more. I felt enlightened. An epiphany had taken place and once I had experienced this simple clarity, I started to see other truths in a clear light; the pernicious nature of the elite, of the ruling classes, for example. I just kept getting further and further in. But more than that, I wanted to do something about it."

Sylvia has been an activist, fighting local and community battles, or raising aware-





ness with family and friends. "I'm always spreading the word. My mum is reluctant to come into a supermarket with me because I will read labels and if they make statements about products that are untrue, then I will draw the manager's attention to it – I hasten to add that I am never rude. It just feels right to have the conversation rather than not. I'm doing what I can to get people to see the other side of the mainstream story."

Sylvia works in the mental health field, and professionally has always managed to walk the fine line between informing her patients of the alternative options to the allopathic model. She believes that people should have the right to make choices that suit them. She is acutely aware that many of her contacts are not aware of other possibilities.

Sylvia is deeply loved. She's caring and kind, sensitive and fun, with fantastic values and a winning smile. She has the sort of heart that could take on a whole country. It is no surprise then that NHF-UK has snapped her up as part of our growing team. She is an NHF heroine who will stop at nothing to make the World a nicer place to live. NHF-UK thanks Sylvia for all her great work. 🌟

**Tickets for the 60th Anniversary Conference (25 April 2015) are on sale now. Go to [www.thenhf.co.uk](http://www.thenhf.co.uk). Tickets are priced at £35. Location will be at The Friends Meeting House, 6 Mount Street, Manchester, M2 5NS.**

## IN MEMORIAM – KENNETH SEATON

October 23, 1942 – January 10, 2015



**K**enneth Edwin Seaton, 72, of Scott Depot, West Virginia, passed away on January 10, 2015, at Hubbard Hospice House, Charleston, West Virginia. It was a hard loss for all.

Born and bred in Sydney, Australia and educated in Australian schools, Kenneth nonetheless had lived in the United States for the last 27 years as a permanent resident. An indefatigable health researcher all of his adult life, he strove to find cures for cancer, Alzheimer's, asthma, and Autism. And as a staunch member of the National Health Federation, Kenneth contributed many insightful

articles to Health Freedom News over the many years on those subjects, even as recently as last year. Kenneth believed strongly in the importance of maintaining high body levels of serum albumin, which binds and neutralizes most toxic metals, including aluminum and cadmium, thereby protecting against cancer and Alzheimer's disease.

He loved music, life, and most of all he loved his family. Ken was preceded in death by his father and mother Edwin and Merle Seaton. He is survived by Arlene Hale, ex-wife and caregiver of Scott Depot, West Virginia; Margaret Seaton, ex-wife of California; daughter Samantha Seaton of California; son Matthew Seaton of Sydney, Australia; grandsons Max and Isaac Hoover of California; granddaughter Kylie Seaton of Barboursville, West Virginia; sister, Katherine Kirby of Australia; sister and brother-in-law Sandra and Bruce Morris of Australia; and many nieces and nephews living in Australia.

Kenneth Seaton leaves a rich legacy of a generous man who always strove for the truth and who was a dear friend to all of us at NHF.

## In Memory Of...

### Memorials for

Frank Hutchinson, D.D.S

Kenneth Seaton

Terry Pratchett

### A Caring Memorial

Remember your loved ones by serving the living.

Your loving memorial will preserve the freedom to choose for your children and grandchildren.

THIS GIFT IS IN MEMORY OF

Your name \_\_\_\_\_ +

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Would you like us to send you an acknowledgement card?

☐ Yes ☐ No Please mail your gift to:

**NATIONAL HEALTH FEDERATION**

P.O. Box 688, Monrovia, CA 91017 USA



# NHF'S LONGEST RUNNING BATTLE

Into a beleaguered post-WWII landscape, the fun-50s arrived, bringing fast cars, drive-in movies, soda fountains, white t-shirt and jean-clad greasers such as James Dean and Elvis. The 50s flipside had its own brand of excitement: Nuclear bomb shelters, McCarthyism, communist "witch hunts," and "Mike" the hydrogen bomb.



Into this tumultuous milieu, a man named Fred Hart unleashed a powerful new weapon called health freedom onto an environment where the pedal-to-the-metal acceleration of freedom and fun held the underlying threat of losing all in one rash nuclear incident. "McCarthyism crystallized and politicized the anxieties of a nation living in a dangerous new era," summarizes David Halberstam in *The Fifties*.

Within a decade of WWII's end the newly formed National Health Federation launched a war on its own soil ignited over a revolutionary frequency device and a desperate man fighting the U.S. government and the American Medical Association. The territory? Fred's wife Eva's life. The heightened sense of national insecurity was compounded when the National Health Federation (NHF) emerged as a young "David" who would, unbeknownst to himself or the World, take a private national battle for health freedom all across the U.S. and ultimately, to the World in what would become the longest running battle in history against numerous Goliaths attacking from every corner. Amazingly, the National Health Federation still stands. And it stands strong.

In this battle, there has been no ceasefire. It spread from American soil to infiltrate the borders of every country in the World. NHF, in 2002, led the charge in taking the battle for health freedom to the Planet in the first World War for Health Freedom. The Battle of Verdun lasted 303 days. The Battle of Stalingrad lasted a little over six months. The Federation's war has waged **60 years**. *It is undoubtedly the longest continuing health battle in the history of man and it shows no signs of stopping.*

## Sixtieth Anniversary Celebrations

Recently, in Woodland Hills, California, the NHF celebrated 60 years of domestic and international continuous campaigns for your health and health freedom. The Diamond Gala Party, held at the magnificent estate donated for the event so graciously by Brent and Kate Nelson, fully reflected the proud, grand, elegant, and highly respected status that NHF holds in the World. Scintillating guests including actor Kevin Sorbo (*Hercules*), Soprano and Grammy Winner Darlene Koldenhoven, and composer Gottfried Neumeister, and of course, many of you! They, along with all in attendance, had one thing in common: **the belief that governmental voyeurism and subsequent rights-stripping is the utmost violation. And they shared commitment to liberty in general and health and health freedom in particular, just as we do.**

The evening was organized by Shicana Allen and NHF President Scott Tips. Austin Florio and the two newest NHF Board members, Joshua Foster and Sayer Ji, assisted in videoing guests throughout the evening until the wee hours as they shared their experiences being a part of the first health-freedom

Federation ever created, while Birgitta Lauren and Nicholas James volunteered their valuable time to assist arriving guests. Many made the magic possible; several on the NHF Board of Governors packed the most amazing gift bags ever filled with donations from loyal members and of course, the amazing natural-foods chefs providing an oxymoronic menu of healthy party food! But, Bill Sardi deserves the most special praise for the evening and its success, as he financed a large portion of the event and went out of his way to make every detail special. Similarly, Fred and Corinne Buckley helped finance the evening as well.

Specially joining us at the celebration were Diane Miller of the National Health Freedom Coalition, based in Minnesota, and Dr. Catherine Rott from Oklahoma, both of whom are well known for their health expertise and utter devotion to health freedom. Nationally known expert reflexologist Bill Flocco and his wife also kindly joined in the evening's event to help us celebrate.

Several past key-players were honored after speeches by Scott Tips, Bill Sardi, and Dr. Hans Kugler. Three *Patron of Health Freedom Awards* – given for extraordinary support – went to: Russell Torlage and Lesley Punt, Bill Sardi, and Fred and Corinne Buckley. The *NHF Teambuilder Award* was awarded to Ben Lizardi, Art Director of our *Health Freedom News* magazine and the talented creator of NHF's entire public look. Narayan de Vera generously donated an attractive award of his own design to be given to past-president Charles Crecelius for a lifetime of achievement. The *NHF Health Freedom Hero Award* for 2014 was given to two people, Ginger Taylor for her work in vaccine education, and to me, Katherine A. Carroll, for work at domestic and international Codex meetings.

Upon accepting this prestigious award, I acknowledged the real health-freedom heroes and I will do so here as well: it is each of you committed to staying in the fight; bringing your talents, financial resources, and determination to the front lines day in and day out in a war that will never end as long as we walk this Earth. We are all in it for the long haul in a "total war" effort, which means that the "rear supplies the front" and every man, woman, and child participates to give in the ways they are able so those at the front can bring your Voice to



Codex where global decisions are created. Each of us at the National Health Federation publicly thanks you all now for keeping Fred Hart's fire burning to propel NHF into the epoch battles ahead. Isn't it amazing that the passion and love of one man can light the World on fire for years to come? Never underestimate your own personal power to impact history. We don't need a single hero. We just need each one of you being passionately alive and expressive for health and health freedom. Every one of you has something to contribute and now is the time.

In this grand setting overlooking the lights of Los Angeles, it was hard not to imagine, in Disneyland fashion, the ghosts of each past-key player in NHF history enjoying the celebration with the current cast. We have a rich history, endurance, and a stamina and durability few have achieved. The party reflected fully the gravity and profundity of what has morphed into a legend in its own right over 60 years of crusades and battles: The National Health Federation.

In a series of 60th celebrations held all over the World, the next one (organized by NHF-UK Events Director Sylvia Gray) will be held on Saturday the 25th of April, by the NHF-UK at The Friends' Meeting House, 6 Mount Street, Manchester, England M2 5NS from 10:00 a.m. - 5:00 p.m. The esteemed speakers are NHF President and General Counsel Scott Tips, David William Gibbons, Darren Deojee, Dan Kenner, and Thomas Sheridan. Come join in the festivity! You can find more information about it at [www.thenhf.co.uk](http://www.thenhf.co.uk).

Nearly one month later, NHF-Sweden will hold its 60th anniversary celebration at Latholm, Sweden on May 23-24, 2015, with a two-day conference of speakers, including Sara Boo (co-Executive Director NHF-Sweden), Scott Tips, and Anders Sultan. More information can be found for this event at [www.thenhf.se](http://www.thenhf.se) and on the NHF-Sweden Facebook page.

## NHF Historical Figures

As if on cue to align with our focus on NHF history this year, my NHF inbox receives three emails from National Health Federation members from way back. First, in response to her email, I called Janice Stetina, Ph.D., author, artist, and Clinical Nutritionist. Janice answered rather brusquely as though

I had interrupted and she was anxious to get back to what she was doing. Well, what she was doing was work. She asked me to call back as she was with a client. I did, only to discover that Janice, busily immersed in her workday, was 89! As if that were not enough, she advised that she is working with a doctor who is 107! Really? Health and health freedom are clearly also at work here. I couldn't resist; an impromptu interview commenced.

Janice and her husband had reared several Olympic athletes. *"I have been a member ever since your National Health Federation representative shared information with me at an Adelle Davis lecture here in Indy in 1969. Our family changed our diet,"* which launched an incredible conversation on the importance of maintaining an alkaline diet to avoid cancer and about her son, Wayne, having participated in an Olympic race on the Autobahn in Munich that his superior nutrition enabled him to compete in at his age.

This off-the-cuff discussion, including many references to authors, books, and articles, was so brisk I could scarcely keep up with 89-year-old Janice, *"Don't stop doing what you're doing; you're wonderful,"* she said with all the enthusiasm of the Olympic bikers she reared. *"How is it Janice,"* I asked, *"that you've been a member for 46 years when some join NHF only to drop off later?"* **"Your magazine tells the truth; honest stuff and shortly (not verbosely) and it can be put to use right away."** Obviously, she and her incredible family has. What an inspiration!

Lydia Howard was another activist from the 1950s. I had the pleasure of meeting with her two daughters in January to learn firsthand more about their mother and the impact she had had on their lives. Gail Howard and



Terry Howard Decker have carried on Lydia and Oliver Howard's legacy, helping to fund NHF Codex meeting attendance as loyal NHF members. We had begun an email correspondence regarding Lydia's work with NHF, and as we enjoyed breakfast one morning, more of her story unfolded, *"Our Mother, Lydia, was scientifically inclined, with a background as a nurse and as a chemist; she was drawn to do deep research into the many as-*

*pects of nutrition, health and the environment.*

She became actively involved in the newly formed National Health Federation. Lydia traveled throughout the West for the National Health Federation, sharing the speakers' platform with nutritionists, authors, and activists Adelle Davis and Agnes Toms, to make the public aware of sound nutrition and the harmful effects of fluoridation and pollution of the environment – being "green" before that word was ever coined. Lydia and her husband, Oliver, were passionate in their regard for the National Health Federation and its crusade for health freedom.

When we moved to California in 1948, we lived a short distance from the Pottenger clinic. Our mother, Lydia Howard, visited with Dr. Francis M. Pottenger, Jr. at the clinic and was taken on a tour of his outdoor laboratory, an expanse of wired pens housing three generations of cats in various stages of health or deterioration. Each group of cats was fed a different diet. A diet of raw meat and raw milk produced the healthiest third generation. Cats fed a diet of cooked and processed foods, by the third generation, suffered from blindness, inability to walk, degenerative diseases, and were no longer able to reproduce. Lydia, seeing the effects of these various diets, was astounded that nutrition could make such a dramatic difference. A new world of nutrition opened to her."

That experience was the beginning of her intense research into nutrition, health and the environment. Lydia joined the National Health Federation and became actively involved. Her husband and the sisters' father Oliver Howard, supported the NHF as well. They became friends with Fred Hart and other board members.

Lydia and Oliver were passionate about the National Health Federation and its crusade for truth. Before Lydia died in 1975, she requested that donations be made to the NHF in lieu of flowers. Their daughters Gail Howard and Terry Howard Decker are as committed as their parents were in supporting the National Health Federation in its quest to protect our precious health freedom. By Gail and Terry's faithful support in underwriting a portion of NHF Codex attendance expenses many times now, the work begun by Lydia in the 1950s is exponentially lever-

aged, impacting 7 billion people globally.

On a similar note, Gerhard Bedding, at 86, is perhaps the oldest living member of NHF apart from past president, 94-year old Charles Crecelius. He shares a similar story revolving around clean food and water, "I was aware in 1958 that the official views of healthy food were far off the mark. My wife and I at that time distributed weekly deliveries of biodynamically grown food from Golden Acres Farm in Pennsylvania to a group of customers on Long Island. I also saw that water fluoridation was being pushed without a valid scientific basis and that it violated the sacred right of choosing what goes into our bodies. I wrote occasional Letters to the Editor but was otherwise busy with my teaching career."

After retiring in the 1990s, Gerhard formed organizations and organized conferences fighting fluoridation and vaccinations. One thing I have observed: *Once an activist, always an activist.* These people fight to the finish with intense focus, determination, and courage.

These stories are repeated thousands of times around the World, paving the path we walk and fueling the torch we hold. And we hold their strength too, don't we? We hold their vision and their desire to create the life we know we were designed to live: one of health and complete freedom to pursue it in the ways we know we need, individually, for each of us. While the war rages on, we go from strength to strength increasing in number and in influence. We were born for the day of "activism" and embrace it knowing that if we stand fast and firm, we will win.

If you missed the Los Angeles celebration and have a story to add to the historical account of NHF, please share it with us! Email [contact-us@thenhf.com](mailto:contact-us@thenhf.com) or call me at 1.360.790.2011. There is a rich history still there, much of it untold. 🔥

© 2014 Katherine A. Carroll

**"We must fight to the death for health freedom because we will die if we do not fight for it."**

— Katherine A. Carroll

# NHF's 60th Anniversary



Birgitta Lauren and Kat Carroll



Joshua Foster, Scott Tips and Dr. Richard Kunin



Lisa & Scott Kassner



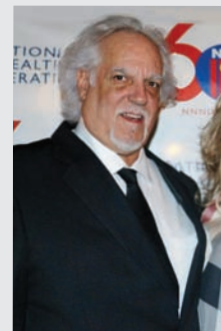
Paula Daily



Board member, Dr. Hans Kugler, delivered a passionate talk



NHF Chairwoman Sherokee Ilse with hostess Kate Nelson



The Florios: their



Scott presents Patron of Health Freedom award to Russell Torlage and Lesley Punt



Mr. and Mrs. Greg Prange



Mr. and Mrs.



# Celebration Event, January 31, 2015



Board Member,  
Sayer Ji



Singer Darlene  
Koldenhoven and her  
manager/husband,  
William Cloyd



Shicana Allen and TV  
actor Kevin Sorbo



Dr. Catherine Evans Rött, Diane Miller  
and Pamela Gerry, R.N.



Michael Agopian, and  
Lynda Mize



Winner of Teambuilding Award,  
Ben Lizardi and his wife, Armi



Mr. and Mrs. Bill Flocco



Robert, Darcé and  
son, Austin



Long-time NHF supporter, Bill Sardi,  
delivered keynote address: "We Already  
Know How To Cure Cancer."



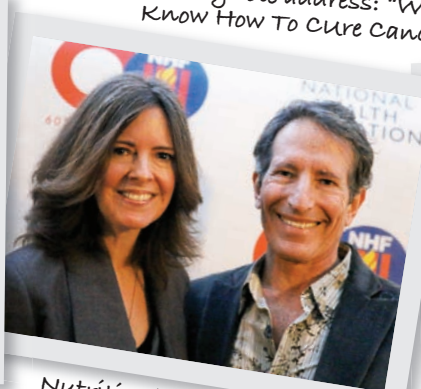
Host Brent Nelson with  
NHF member Linda Rappaport



Corinne Buckley expresses  
her thanks for receiving Patron  
of Health Freedom Award



David Stouder



Nutritionist Kat James  
and Dr. Ron Rosedale



NHF Board member  
Hon. Andrea Boland



Cathy Catsoulas



Happy 60th Anniversary!



# 2014 Health Freedom Hero Awards



## 2014 Health Freedom Hero Award **GINGER TAYLOR**

The NHF Board of Governors voted to present the prestigious NHF Health Freedom Hero Award for 2014 to Ginger Taylor, M.S. for her tireless work on behalf of health freedom. The Award's presentation to Ginger Taylor was made in Maine by NHF Board of Governors members Pamela Gerry, RN, CCT, and the Honorable Andrea Boland.

Ginger Taylor is a co-founder of the Canary Party, a political group created to advocate for victims of medical injury, and food and environmental assaults. She is also the Media Director for HealthChoice.org. With a strong interests in adolescents and the family, she obtained a Master's degree in Clinical Counseling from Johns Hopkins University in the late 1990s. This work naturally led into championing children's health and parental rights after her son Chandler regressed into autism following his 18-month vaccinations. She has been a vigorous activist working to create balance in a broken system that is harming children, all while retaining her ebullient sense of humor inside years of fierce conflicts. She is also a co-author, and contributing editor of the book *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*.

In her own words, "On behalf of families struggling with vaccine injury, it means a great deal that we have been brought into the health-freedom community, and that you are fighting with us for our rights to treat and vaccinate our children as we choose. It was a long, lonely journey for many years and to be supported by so many groups that understand our plight, and have such a wonderful pedigree of fighting for health freedom, is more encouraging than you can imagine."

The Federation is so grateful to have Ms. Taylor as a truly activist member willing to continuously take a stand on important health-freedom issues for the welfare of us all.



## 2014 Health Freedom Hero Award **KATHERINE A. CARROLL**

The NHF Board of Governors also voted to present the NHF Health Freedom Hero Award for 2014 to Katherine A. Carroll for her unceasing efforts on behalf of health freedom and the National Health Federation. The Award was presented by President Scott Tips to her on the occasion of the Federation's 60th anniversary celebration in Woodland Hills, California last January 31st.

Katherine Carroll joined the Federation in the Summer of 2011, having worked first as a volunteer in every area where she could further NHF and health freedom. But her principal passions lay in creating bridges for the Federation with other groups and individuals and in raising funds and conducting research for NHF so that it could continue its work at Codex Alimentarius meetings and in fighting its other battles both nationally and internationally. Working as our Associate Editor of *Health Freedom News* and Director of Social Media and Outreach, as well as in many other areas, she is without a doubt a strong missionary for NHF, who has attended a number of Codex meetings herself. Perhaps one of the most successful fundraisers for the Federation, she has furthermore been tireless in her efforts to promote both our organization and the principles of health and health freedom. For these reasons and more, the Federation thanks Ms. Carroll for her hard work and devotion to the NHF and health freedom.

## **ELECTION RESULTS FOR THE 2015 BOARD OF GOVERNORS**

Re-elected and elected to the NHF Board were:

- **Dr. Murray "Buz" Susser**
- **Dr. Hans J. Kugler**
- **Dr. Richard Kunin**
- **Joshua Foster**
- **Sayer JI** (appointed by the President and approved by the Board to replace Dr. Harvey Bigelsen, who resigned).



## DONORS TO NHF60

The National Health Federation and the Foundation for Health Research want to acknowledge the following individuals and companies who gave generously of their time, energy, and money so that the Federation could have a successful 60th-anniversary event:

### EVENT DONORS

**Kate and Brent Nelson:** [www.MonsterMusicLessons.com](http://www.MonsterMusicLessons.com)

**Bill Sardi:** [www.knowledgeofhealth.com](http://www.knowledgeofhealth.com),

<http://billsardihealthandwealthshow.com/>

**SuperbaLife/Fred and Corinne Buckley**

**Darlene Koldenhoven**, vocalist, sound therapy healer:

[www.DarleneKoldenhoven.com](http://www.DarleneKoldenhoven.com)

**William Cloyd** Real Estate Sales and Investments

**Narayan deVera**, artist: Ceramics, Sculptures, and Paintings

**Frey Organic Vineyards/Lee Boek:** [www.FreyWine.com](http://www.FreyWine.com)

**Crater Lake Vodka/Jim Bendis:** [www.CraterLakeSpirits.com](http://www.CraterLakeSpirits.com)

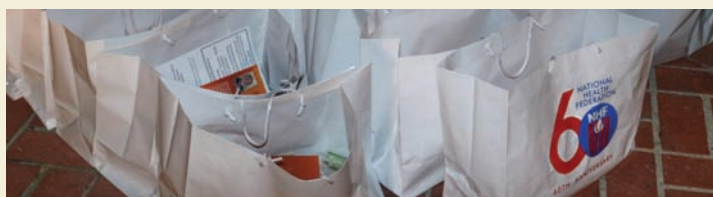
**Party Charlie Consulting Services:** [www.CharlieScola.com](http://www.CharlieScola.com)

**Dr. Catherine Evans Rott**

**Roy Tuckman**, KPFK Radio

**Courtyard Marriott Los Angeles/Woodland Hills**

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### GIFT BAG DONORS

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**Maximum Living:** [www.MaximumLiving.com](http://www.MaximumLiving.com)

**Ola Loa Products/Gregory Kunin:** [www.olaloa.com](http://www.olaloa.com)

**Apex Energetics:** [www.ApexEnergetics.com](http://www.ApexEnergetics.com)

**Joe Cross**, DVD "Fat, Sick, & Nearly Dead":

[www.rebootwithjoe.com/about/fat-sick-and-nearly-dead/](http://www.rebootwithjoe.com/about/fat-sick-and-nearly-dead/)

**Tree Media:** DVD "Global Warning: Water Planet":

<http://www.treemedia.com/>

**Foundation for Health Research:** "Codex Alimentarius: Global Food Imperialism"

**Duane Law**, acupuncturist, author: "Before Meds, After Meds":

[www.NaturalStressCare.org](http://www.NaturalStressCare.org)

**Barbara Charis**, author: "Sharing from the Heart"

**Byron Richards**, Nutritionist, Author, "Fight for your Health,"

Wellness Resources, Inc.: [www.TruthInWellness.com](http://www.TruthInWellness.com)

**Ben Lizardi**, Co-Founder: *Going Organic Magazine*

**Virgin Raw Foods/Bee Panacea:** [www.VirginRaw.com](http://www.VirginRaw.com)

**Baker Creek Heirloom Seeds:** [www.RareSeeds.com](http://www.RareSeeds.com)

**Karen Mangini**, Canine Behavioral Expert:

[www.TheBowWowMethod.com](http://www.TheBowWowMethod.com)

**World Peas vegan non-GMO snacks:** [www.MakePeas.com](http://www.MakePeas.com)

**Birgitta Lauren:** [www.expectingfitness.com](http://www.expectingfitness.com),

<http://www.semcellskincare.com>

### VOLUNTEERS

**Birgitta Lauren**   **Nicholas James**   **Jeff Phillips**

**David Riess**   **Jason Haffley**   **Joshua Foster**



**NATIONAL HEALTH FEDERATION**

**UK CONFERENCE**  
Manchester

**25th April 2015**

**SCOTT TIPS**  
**DAVID WILLIAM GIBBONS**  
**THOMAS SHERIDAN**  
**ANDY WREN**  
**DARREN DEOJEE**

**60TH ANNIVERSARY**

## 60th Anniversary Conference

The National Health Federation – UK is celebrating 60 years of working for the protection of consumer choice and food safety within the foods and supplements marketplace.

The NHF-UK is marking their 60th anniversary with a special event in the UK on

**25TH APRIL 2015**  
**10AM TO 5PM**  
PRESENTED AT  
**THE FRIENDS MEETING HOUSE**  
**6 MOUNT STREET, MANCHESTER**  
**M2 5NS**  
[www.thenhf.co.uk](http://www.thenhf.co.uk)



## 60th Anniversary Conference

NHF-Sweden will hold its 60th anniversary celebration at Laholm, Sweden on May 23-24, 2015, with a two-day conference of speakers, including Sara Boo (co-Executive Director NHF-Sweden), Scott Tips, and Anders Sultan. More information can be found for this event at [www.thenhf.se](http://www.thenhf.se) and on the NHF-Sweden Facebook page.

BY JOSHUA FOSTER

## Vaccine Illusion *How Vaccination Compromises Our Natural Immunity and What We Can Do To Regain Our Health*

by Tetyana Obukhanych

(ASIN: B007AW2CLG; Kindle; \$9.99; 2012; Amazon Digital Services, Inc.; 53 pages.)

We traditionally preach to the choir in our vaccine articles. Chances are you are reading this because you already have an interest and a position on vaccines. You are looking to find important new information to share with the rest of the choir and maybe invite some new people to wake up.

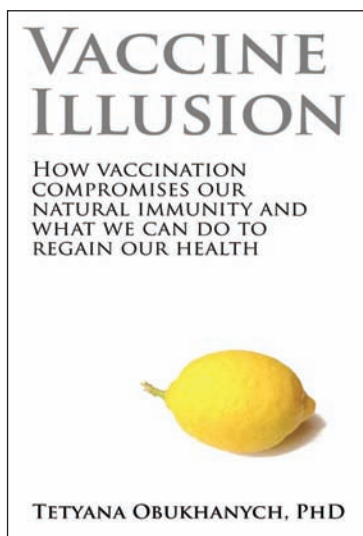
This book is for you. This review is only a sample of the buffet of insight. Nothing in Dr. Obukhanych's book is sugar-coated or leaning in a hypothetical direction; just pure educated perspective and a scientific understanding of the lack of scientific understanding. Insightful!

"The vaccine-induced process, although not resembling a natural disease, is nevertheless still a disease process with its own risks. And it is not immunity that we gain via vaccination but a puny surrogate of immunity."

An essential immunological background for all parents preparing to make the biggest decision of their lives. Immunology is a science that studies an artificial process of immunization – i.e., the immune system's response to injected foreign matter. It is not the study of or the understanding of natural diseases or natural immunity. So, how are two process that are so different getting lumped together in the same science?

"Because of the limitations of the vaccination approach in disease prevention were so grossly overlooked, the first important lesson we failed to learn is that vaccination is not an equivalent of immunity."

Dr. Obukhanych spends an entire chapter pointing out that natural immunity to tetanus can be acquired and references the *Journal of Experimental Medicine* from close to 100 years ago. By doing so, she not only points out real science but demonstrates how long these findings have existed. With-



out a scientific rebuttal in almost a century, this would constitute as close to scientific fact as we get in that field.

"The practice of placebo vs. vaccine study is deemed unethical, because in principle the placebo controlled group would be purposely allowed to contract the disease during the course of the trial. Therefore, vaccine effectiveness in disease prevention is rarely

studied directly."

So, essentially, the "science" dictates that if the disease incidence continues to go down after vaccine introduction, the vaccine gets the credit. If the disease incidence goes up, the conclusion is that the vaccine is not given frequently enough and prompts more booster shots.

What I can suggest after reading this book is to read it twice. Or thrice. Power-packed with data without the aluminum and formaldehyde. Do not allow even this review to suffice as replacement. It is a short read and an immense knowledge gain. Her viewpoints can also be found on YouTube. So, if your brain fancies reading or video, then Dr. Obukhanych is providing the food to satisfy the greatest appetite on the subject. I believe the intellectual stimulation provided could only be surpassed by Dr. Obukhanych debating *anyone* on this in a public forum.

"Only by uniting our efforts will we be able to find a solution to the problem of diseases without compromising our health by means of vaccines."

This book cuts through the vaccine myths and helps us to truly understand how vaccines compromise our natural immunity. If you want to preserve or regain your health in the face of vaccine damage, then take the first step by reading this book. 🔥

(Letters to The Editor continued from page 4)

to this juggernaut.

I'll do my bit to advise friends and certainly contact some Aussie-politicians. Thanks for starting the ball rolling; we need an Aussie equivalence of a News With Views commentator, an area sadly lacking here, but you are a Godsend for us! Thank you, and I'll keep in touch as per future developments. We will make the "MYSTERY" into an obvious state of fact, hopefully sooner than later; known by many.

His richest blessings upon you and your family always,

John S. Whitehead,  
Bundaberg,  
Qld., Down Under

Dear Editor:

Thank you for your generosity of spirit and mind. I am so grateful for all the valuable information you selflessly put out there. It has helped me tremendously. Thank you, thank you, thank you.

Kind regards,  
Yolanda Soto

Dear Editor,

I have been following your work for many years. I have many issues with Codex; the biggest one is "who appointed these people to be making any decision?" They are unelected and therefore have no business deciding anything in my view.

I am retiring March of 2016 and after that I am going to have the time and energy to be more proactive for our health choices and freedoms. If the economy stays stable and the crash doesn't happen quite yet, I am going to be more involved with a group here in Alberta, Canada called Citizens for Choice in Health Care and I would like to work with you Scott and Katherine Carroll more closely.

Again great job you are doing Scott!  
Sincerely,  
Wendy Dussault

We welcome your Letters to The Editor. Please include your name, address, phone number and email address. We reserve the right to shorten and/or edit any submitted letters.

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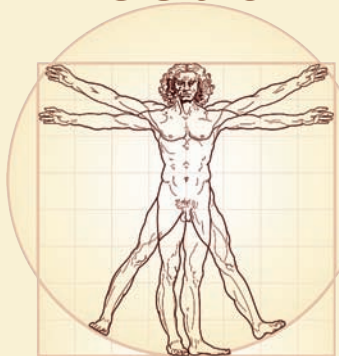
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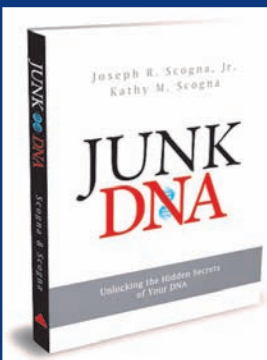
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