Ineffectiveness and Dangers Of Flu Shots

By Stephen Lendman
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http://www.rense.com/general87/ineff.htm

Believing what governments say can be hazardous to your health. It's even truer from corporate-sponsored studies on the benefits of their products. Thus, be very leery about the new CSL Ltd. one on the effectiveness of taking one Swine Flu dose. More to the point, any Swine Flu shot as, in single or multiple doses, they're all extremely toxic, dangerous, and must be avoided to protect human health from the pathogenic onslaught vaccines are designed to unleash.

CSL is "Australia's leading biopharmaceutical company (and) the only commercial manufacturer of influenza vaccines in the Southern Hemisphere." It's currently producing "a pandemic influenza vaccine called Panvax H1N1 which uses the proven technology that has enabled us to provide Australia with seasonal flu vaccines over the last 40 years."

The New England Journal of Medicine published "the welcome news," claiming to show one shot produced the same immune response protection as annual flu vaccines. More on their ineffectiveness and hidden dangers below.

The National Institute of Allergy and Infectious Diseases (part of the US National Institutes of Health) also claims its early trials and studies confirm one dose provides protection eight to ten days after inoculation. Again beware - their advice endangers your health, especially about Swine Flu and the vaccines designed for it. They advise everyone take them voluntarily. Later, Health and Human Services (HHS) Secretary Kathleen Sebelius may mandate them if enough people don't comply, and individual states may follow suit.

Separating Facts from Government and Industry Disinformation

According to the Centers for Disease Control (CDC), annual flu shots are advised for "all children from 6 months through 18 years of age," everyone over 50, pregnant women, and individuals with "long-term health problems" like heart, lung, kidney or liver disease, HIV/AIDS, other immune system diseases or persons with weakened immune systems, asthma, diabetes, anemia, certain muscle or nerve disorders, residents of nursing homes or chronic care facilities, and certain others.

Warning about "seasonal epidemics," the World Health Organization's (WHO) advice is much the same, adding that "Seasonal influenza spreads easily and can sweep through schools, nursing homes or businesses and towns....The most effective way to prevent the disease or severe outcomes from the illness is vaccination."
The WHO claims "Among healthy adults, influenza vaccine can prevent 70% to 90% of influenza-specific illness. Among the elderly, the vaccine reduces severe illnesses and complications by up to 60%, and deaths by 80%."

Information below shows WHO claims are false and misleading. So are the CDC's and NIH's

and doubly so for the new Swine Flu vaccines.

All Vaccines Are Ineffective and Unsafe

Gary Null is a leading health and nutrition expert, author, documentary filmmaker, founder of the Progressive Radio Network, and syndicated host of the longest running health program in America, Natural Living with Gary Null.

On September 18, 2009, he interviewed Dr. Viera Scheibner, "arguably one of the world's most respected scientists and scholars on vaccine medical data....Her investigations uncover how the vaccine industrial complex (and complicit government regulatory bodies produce) pseudo-science that is fraught with inconsistencies, poorly designed studies, erroneous interpretations, and conclusions that are patently false" - by design, not chance.

She calls vaccinations "an illness industry," causing a "pandemic (of) degenerative diseases (and) behavioral problems."

From her research and writings on vaccine science and history, she said:

"Ever since the turn of the (last) century, medical journals published dozens and dozens of articles demonstrating that injecting vaccines (can) cause anaphylaxis, meaning harmful, inappropriate immunological responses, which is also called sensitization. (This) increase(s) susceptibility to the disease which the vaccine is supposed to prevent, and to a host of related and other unrelated infections."

"We see it in vaccinated children within days, within two or three weeks. (Most of them) develop runny noses, ear infections, pneumonitis, (and) bronchiolitis. It is only a matter of degrees, which indicates immuno-suppression, (not immunity). It indicates the opposite. So I never use the word immunization because that is false advertising. It implies that vaccines immunize, which they don't. The correct term is either vaccination or sensitization."

In addition, "Vaccines (can) damage internal organs, particularly the pancreas," so everyone vaccinated, including for seasonal flu, is vulnerable to contracting severe "autoimmune diseases like diabetes," Addison's Disease, Arthritis, Asthma, Guillian-Barre Syndrome, Hepatitis, Lou Gehrig's Disease, Lupus, Multiple Sclerosis, Osteoporosis, Polio, and dozens of others.

Some can kill. Others produce a lifetime of disability and pain because autoimmune disease happens when the "body attacks itself," or more accurately "is attacked" by an unhealthy lifestyle, stress, and various harmful ingestible substances; that is, toxins in drugs, food, air, water, and other liquids. According to immunologist, Dr. Jesse Stoff, human health is compromised four ways:

-- by poor nutrition;

-- man-made environmental toxins;

-- disease-causing organisms and their toxins; and

-- immune system trauma from factors like x-ray radiation and stress.

Other factors include a lack of sleep and exercise, smoking, heavy alcohol consumption, and various excesses that throw the body out of balance, making it susceptible to a host of debilitating illnesses.

Known Toxins in Seasonal Flu and Other Vaccines

Millions voluntarily take annual flu shots not knowing their harmful ingredients. With variations by producer, they contain numerous stabilizers, neutralizers, carrying agents, and preservatives, including:

-- 25 micrograms of mercury (thimerosal), a known neurotoxin; one microgram is considered toxic; according to the NIH, "mercury and all of its compounds are toxic, exposure to excessive levels can permanently damage or fatally injure the brain and kidneys;" even "exposures to very small amounts" can also cause "allergic reactions, neurological damage and death;" it's also linked to autism;

-- aluminum hydroxide and phosphate, known to be linked to some neurodegenerative diseases, including Alzheimer's disease; the Office of Occupational Safety and Health Administration (OSHA) reports x-ray evidence of pulmonary fibrosis among workers studied; it also reports that patients undergoing long-term kidney dialysis develop speech disorders, dementia, or convulsions;

-- formaldehyde, a known carcinogen according to the National Cancer Institute; it's also linked to upper respiratory tract problems and effects on lymphatic and hematopoietic systems (relating to human blood cells);

-- gelatin, polysorbate 80 and resin - ingredients causing severe allergic reactions;

-- ammonium sulfate, a suspected gastrointestinal, liver, and respiratory toxicant and neurotoxicant;

-- sorbitol, a suspected gastrointestinal and liver toxicant;

-- phenoxyethanol (antifreeze), a suspected developmental and reproductive toxicant;

-- beta-propiolactone, a known carcinogen and suspected gastrointestinal, liver, respiratory, skin and sense organ toxicant;

-- gentamycin, an antibiotic;

-- triton X100, a strong detergent;

-- animal tissues and fluids, including potentially contaminated horse blood, rabbit brain, dog

kidney, monkey kidney, chick embryo, chicken egg, duck egg, pig blood, and porcine (pig) protein/tissue;

-- calf and fetal bovine serum;

-- macerated cancer cells;

-- diploid cells from aborted fetal tissue; and/or

-- other ingredients varying by producer.

Contrary to industry and government agency advice, annual flu shots are dangerous and ineffective. According to Croft Woodruff, president of the EDTA Chelation Association of British Columbia:

"Statistically, you'd be more likely to avoid the flu if you took nothing at all. So why are we subjected to the flu vaccine media blitz each year?" In a word, profits assured annually as long as enough people take them - for all vaccines (besides the enormous bonanza from the Swine Flu vaccines), billions of dollars in annual revenues, according to leading producer estimates.

On September 29, Wall Street Journal writers Jonathan Rockoff and Peter Loftus explained that the industry believes vaccines:

"will become an increasingly important source of growth to replace aging blockbusters that are poised to lose patent protection. Vaccine sales are growing faster than sales of other prescription medicines and are largely immune to the generic competition that is already cost drug makers billions of dollars in revenues on their top-selling treatments. Moreover, government agencies both in the US and around the world are increasingly reliable buyers of vaccines as they seek to stockpile medicines that could help protect the public in case of a major flu outbreak."

Or perhaps, in the case of Swine Flu, infect it as part of a sinister depopulation scheme through involuntary male and/or female sterilization and future deadly illnesses while rewarding producers with hundreds of billions in profits from global inoculations over the next few years. For what may be planned, it doesn't get any better than that. As a result, the public is cautioned to ignore media and official hype and stay safe by refusing all vaccines, especially the new Swine Flu ones that may, in fact, be bioweapons.

More Disclaimers about Flu Vaccine Effectiveness and the Truth about Their Dangers

First the worst news. Annual flu shots may induce one or more of the above-mentioned annoying to life-threatening autoimmune diseases, including severe allergies, diabetes, and the Guillan-Barre Syndrome (GBS) nerve disorder that causes progressive muscle weakness, paralysis, and at times death. They can also cause encephalitis, an acute inflammation of the brain; various neurological disorders; and thrombocytopenia, a serious blood disorder.

Now the bad news. Annual flu shots don't work, except to enhance producer profits, which is

why the industry, complicit regulatory bodies, and the media tell unsuspecting people to take them.

Each year, government health agencies guess which viral strain(s) are most worrisome. Usually they're wrong. For example, New York Times writer Lawrence Altman headlined his January 15, 2004 article, "Vaccine Is Said to Fail to Protect Against Flu Strain" in reporting that the CDC said its most recent recommended flu vaccine had "no or low effectiveness" against that season's Fujian threat, based on study results from its first ever health providers survey. Other studies report similar findings, and so do reliable scientists from their research.

The Lancet reported that a 2008 study on "immunocompetent elderly people aged 65 - 94 years enrolled in Group Health (a health maintenance organisation) during 2000, 2001, and 2002" found that "influenza vaccination was not associated with a reduced risk of community-acquired pneumonia during the influenza season." Influenza predisposes individuals to contracting pneumonia.

In understated terms, the prestigious medical journal concluded that "The effect of influenza vaccination on the risk of pneumonia in elderly people during the influenza seasons might be less than previously estimated." Yet doctors keep recommending them based on misleading industry and government information.

In October 2007, the National Institute of Allergy and Infectious Diseases, National Institutes of Health reported on the "mortality benefits of influenza vaccination in elderly people: an ongoing controversy" and concluded:

"frailty selection bias and use of non-specific endpoints such as all-cause mortality have led cohort studies to greatly exaggerate vaccine benefits. The remaining evidence base is currently insufficient to indicate the magnitude of the mortality benefit, if any, that elderly people derive from the vaccination programme."

On May 1, 2003, The New England Journal of Medicine reported on the largest ever study to determine the effectiveness of pneumococcal pneumonia vaccine inoculations - based on medical data for 47,365 people aged 65 or older from 1998 - 2001. It found no significant association between vaccination and a reduced pneumonia risk in concluding:

"alternative strategies are needed to prevent nonbacteremic pneumonia, which is a more common manifestation of pneumococcal infection in elderly persons." In other words, flu shots don't work, so why take them.

An October 2008 published study in the Archives of Pediatric & Adolescent Medicine had similar conclusions based on doctor visits during the two most recent flu seasons. It reported:

"In 2 seasons with suboptimal antigenic match between vaccines and circulating strains, we could not demonstrate VE in preventing influenza-related inpatient/ED or outpatient visits in children younger than 5 years. Further study is needed during years with good vaccine match."

In September 2008, the American Journal of Respiratory and Critical Care Medicine reported

that the Department of Public Health Sciences, School of Public Health, University of Alberta concluded as follows from "clinical, laboratory, and functional data" collected on 1,813 adults "with community-acquired pneumonia admitted to six hospitals outside of influenza season" in Alberta:

"mortality benefits of influenza vaccination" are "overestimated" even though the population inoculated increased from 15% in 1980 to 65% in 2008.

In the October 2006 British Medical Journal, Dr. Tom Jefferson wrote about "Influenza vaccination: policy versus evidence" and concluded:

"Evidence from systematic reviews shows that inactivated vaccines have little or no effect on the effects measured. (In addition), Little comparative evidence exists on the safety of these vaccines....The optimistic and confident tone of some predictions of viral circulation and the impact of inactivated vaccines, which are at odds with the evidence, is striking. The reasons are probably complex and may involve a messy blend of truth and conflicts of interest making it difficult to separate factual disputes from value disputes."

In other words, influenza vaccination programs are ineffective and worthless. They're also dangerous.

In 2006, the Cochrane Database of Systematic Reviews reported on an Oxford University, Institute of Health Sciences examination of "Vaccines for preventing influenza in healthy children" and concluded from the results of 51 studies involving 263,987 subjects aged 23 months to six years that vaccines are little more effective than placebos. It added that:

"If immunisation in children is to be recommended as a public-health policy, large-scale studies assessing important outcomes and directly comparing vaccine types are urgently needed."

FDA-Approved Swine Flu (H1N1) Vaccines

On September 15, the FDA:

"announced today that it has approved four vaccines against the 2009 H1N1 influenza virus. The vaccines will be distributed nationally after the initial lots become available, which is expected to be within the next four weeks....Based on preliminary data from adults participating in multiple clinical trials, the 2009 H1N1 vaccines induce a robust immune response in most health adults eight to 10 days after a single dose, as occurs with the seasonal influenza vaccine."

The FDA warned that "People with severe or life-threatening allergies to chicken eggs, or to any other substance in the vaccine, should not be vaccinated."

Approved US vaccines are produced by CSL Ltd., Novartis Vaccines and Diagnostics Ltd., Sanofi Pasteur (a division of Sanofi-Aventis Group), and AstraZeneca's MedImmune LLC. According to the FDA, "All four firms manufacture the H1N1 vaccines using the same

processes, which have a long record of producing safe seasonal influenza vaccines."

Meanwhile, other governments have placed large orders for Baxter's CELVAPAN A/H1N1 vaccine, Novavax's VLP, and GlaxoSmithKline PLC's versions to assure all the major vaccine producers share in the enormous profit bonanza.

Sanofi Pasteur's vaccine proved ineffective with one shot, and Medscape Medical News reported that while it will have fewer side effects it may not protect against the 2009 H1N1 strain.

Novartis' version contains its proprietary squalene adjuvant MF59, linked to annoying to potentially deadly autoimmune and other diseases, including paralysis, autism, Alzheimer's disease, and Gulf War Syndrome. Glaxo's ASO3 poses the same risks and will be available in America through CSL Ltd.'s vaccine.

Squalene in vaccines has been secretly used for years, but according to Dr. Rima Laibow, Medical Director of the Natural Solutions Foundation:

"Never before has (it) been (officially) approved for use in a drug in the United States. But once before, when it was allowed in certain military vaccines, more than 60,000 soldiers were hospitalized (by what became) known as 'Gulf War Syndrome.' (In Doe v. Rumsfeld, a) Federal Court in 2004, forbade its involuntary use by United States troops."

"This new (Swine Flu) vaccine has, literally, 1,000,000 time more squalene than the experimental military vaccine, known as 'Vaccine A.' The attempt to rush this dangerous vaccine into the bodies of the public without safety testing is a violation of US law, regulation and medical ethics and must be condemned."

Glaxo (GSK) will distribute CSL Ltd.'s vaccine with its own proprietary high potency squalene adjuvant MPL (monophosphoryl lipid A) system ASO3 that exponentially enhances its dangers as Dr. Laibow explained.

After being linked to Gulf War Syndrome, Army scientists concluded from over two dozen post-war animal studies that nanodoses dangerously compromise the human immune system and may also kill.

MedImmune says it FluMist is a "gentle nasal mist. It's a quick spray in each nostril, one of the places where the flu virus enters the body. (It) helps your body develop proteins called antibodies that help protect you from the flu."

Dr. Rima Laibow calls FluMist a "recipe for pandemic. (It) contains 3 live viruses. You shoot it up your nose and your immune system gets a chance to make antibodies to three live, weakened viruses while the manufacturer hopes against hope that one of these three actually causes a disease this year....Of course, if you are immune compromised or go near someone who is, you will get sick or infect them with the virus and they can get the flu."

Laibow and others also warn that Flu Mist risks potential brain damage, making it an

extremely hazardous drug. The nasal passage olfactory tract is a direct pathway to the brain. Ingesting viruses through it risks encephalitis, a viral-induced acute brain inflammation.

British geneticist and bilphysicist Dr. Mae-Wan and biologist Joe Cummins add that:

"Vaccines can be dangerous, especially live, attenuated viral vaccines or the new recombinant nucleic acid vaccines, that have the potential to generate virulent viruses by recombination and the recombinant nucleic acids could cause autoimmune diseases."

According to Medimmune, "FluMist is a (nasal administered) vaccine approved for the prevention of certain types of influenza disease in children, adolescents, and adults 2 - 49 years of age," except for:

-- children and adolescents regularly taking aspirin or products containing it; or persons with certain:

-- sensitivities,

-- health problems,

-- illnesses,

-- malignancies,

-- immunodeficiencies,

-- nutritional deficiencies,

-- abnormalities,

-- allergies, or

-- infections - categories applying to the majority of the population, including many in it unaware it means them.

MedImmune's product information states:

"Administration of Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal, a live virus vaccine, to immunocompromised persons should be based on careful consideration of potential benefits and risks. Safety has not been established in individuals with underlying medical conditions predisposing them to wild-type influenza infection complications."

"Appropriate medical treatment and supervision must be available to manage possible anaphylactic (life-threatening allergic) reactions following administration of the vaccine....Hypersensitivity, including anaphylactic reaction, has been reported during post-marketing experience with FluMist....Intranasal may not protect all individuals receiving the vaccine."

Each producer lists numerous adverse reactions to its vaccines. Those MedImmune reported included:

-- "Congenital, familial and genetic disorder: Exacerbation of symptoms of mitochondrial encephalomyopathy (Leigh syndrome);

-- Gastrointestinal disorders: Nausea, vomiting and diarrhea;

-- Immune system disorders: Hypersensitivity reactions (including anaphylactic reaction, facial edema and urticaria);

-- Nervous system disorders: Guillain-Barre syndrome, Bell's Palsy;

-- Respiratory, thoracic and mediastinal disorders: Epistaxis;" and

-- "Skin and subcutaneous tissue disorders: Rash."

The FDA has not approved nasal vaccine sprays for children under two, adults over 49, or pregnant women. Product instructions also warn that:

"FluMist recipients should avoid close contact with immunocompromised individuals for at least 21 days," that should include health care workers but it doesn't. It suggests the likelihood that the vaccine's live virus will spread among immune-weakened hospital patients and elsewhere through close contact with their providers.

In their article titled, Vaccines' Dark Inferno, Gary Null and Richard Gale (pasted below, see pages 10-17) warn that:

"The vast majority of scientists, physicians, nurses and public health educators' trust that the ingredients in a vaccine have been individually and synergistically proven safe and effective." So do most people, even though commonly held beliefs are wrong, including by professionals who should know better. Because they don't, their patients' are endangered by the array of above toxins that in combination with new ones can trigger "a pandemic of Vaccine Disease, manifesting in myriad illnesses (including the new H1N1) dependent upon each vaccinated person's genetic predisposition and the robustness of (their) immune system(s to withstand) any epidemic threat posed by wild infectious pathogens (that) could unfold in so-called developed, hygienic society."

Since most governments sacrifice human health for business profits, who are the guardians to protect us from the coming pathogenic onslaught that may weaken or destroy the immune systems of millions of unsuspecting people, and likely sterilize and/or kill them. Something to consider before submitting to dangerous vaccines that everyone has a legal, ethical and for many a medical right to refuse.

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Vaccines' Dark Inferno: What is not on insert labels?

By Richard Gale

Neither our federal health authorities nor the private vaccine industrial complex know how to solve the hidden health dangers lurking in vaccines.

Editor's Note: This article purports to alert readers to hidden risks of vaccination. All medicines we take have both benefits and risks that the makers and prescribers must balance to discern if the potential benefit is worth the risk. We note that despite the risks alleged in this article, vaccines for Polio and Smallpox have virtually eradicated those diseases. Therefore we caution readers to consider well the credentials, interests, and sources of the authors. Beware of Sophism and patternicity: the selection and arrangement of facts, often out of context, that leads to a **wrong conclusion**. OpEdNews has not verified anything the authors assert and we encourage a healthy skepticism.

Richard Gale and Dr. Gary Null

Progressive Radio Network, September 28, 2009

The vast majority of scientists, physicians, nurses and public health educators' trust that the ingredients in a vaccine have been individually and synergistically proven safe and effective. The public believes these vaccines, aside from their specified virus(es), are sterile solutions, free from undesirable contaminants not listed on the manufacturer's package inserts. When the pediatrician injects a vaccine into the muscle of a child, the parents unquestioning faith that this is the case. In other words, we want to believe that vaccines have been generated under perfect conditions for the safety of children and ourselves.

Our investigation shows that most people do not know what is actually in a vaccine: the active ingredients listed on product labels, inert ingredients, and, most important, the hidden ingredients. Even more remote is taking the time to actually study the subject matter, review the scientific literature and discover the truth for oneself. To our amazement, that truth was easy to find. But it is a truth that will scare the hell out of you.

Similar to eating veal parmesan, what would happen if a video were placed on your table and used as a living reality recipe instead of the actual meal. This video unfolds before your eyes every step in that little creature's life, from the veal's birth to the parmesan on your plate. You witness how this veal was starved of its natural nutrients, kept in a tiny stall, grossly malnourished and deformed, filled with drugs—antibiotics—diseased

and suffering complete privations until finally slaughtered, sliced, cooked and served on your plate. Would your appetite be the same? Would you still desire the parmesan? Conveniently we rarely ask the questions, where does our food come from? How and where was it grown? What was sprayed on it prior to our consumption? Therefore, we are going to re-record something that even most top health educators and opinion leaders on vaccines are unaware of. That is, what goes into the making of vaccines and what is hidden from you that should give you a moment's of pause? Then ask yourself, do you want vaccines in your body?

To give us the most in depth, honest, scholarly and objective examination about the methods by which vaccines and their hidden ingredients are prepared we turn to the award-winning British investigative medical journalist, Janine Roberts, who paints an entirely different picture about the darker inferno in vaccines that do not appear on product labels. This is the same Janine Roberts who brought to the world's attention blood diamonds, genocide in the Congo and the destruction of aboriginal cultures by the Australian government.

Roberts' account of conversations between high level members from the World Health Organization (WHO), federal health agencies, and expert vaccine scientists, who determine whether or not a certain vaccine will be approved or not, is horrid. Her investigations are based on official meeting documents and her attendance at emergency vaccine meetings, and confirm that our world's vaccine and health experts agree there is no solution in sight to resolve the potential and uncertain threats posed by these hidden ingredients.(1)

The story begins with the vaccine industrial complex's attempt to reduce vaccine manufacturing costs by seeking government approval to use cancerous cell lines in the development of vaccines. Vaccine industry's rationale is that cancerous cells are “immortal.” Current vaccine methodology relies on animal cells, such as fertilized hen embryos and monkey kidneys, that die quickly in culture. Using cancerous cell lines are also much cheaper than relying on the purchase of animals, especially monkeys, that need to be sacrificed for vaccine substrates.

Roberts records two separate meetings—a meeting of the Vaccine and Related Biological Products Advisory Committee on November 9, 1998, and a subsequent gathering of the Evolving Scientific and Regulatory Perspective Workshop less than a year later. The conversations were conducted at a scientific level between top officials and expert scientists from the FDA, Centers for Biologics Evaluation and Research (CBER), the National Institute of Allergies and Infectious Diseases (NIAID), the WHO and others, each providing evidence and/or confirmation that all vaccines are dangerously contaminated.

Conversations focused primarily on the influenza, MMR and yellow fever vaccines, which rely on fertilized chicken eggs for their culturing viruses. Fertilized chicken eggs, while ideally suited for culturing certain viruses for vaccines, such as the influenza and MMR vaccines, are also living incubators for large numbers of known and unknown viruses in the animal kingdom. While these do not transmit from their animal host to

humans naturally, they nevertheless are sequential genetic codes, which when injected into the human body, have the potential for any number of unpredictable adverse effects by interfering or merging with the codes of human cells. Vaccine research is at best a primitive science because it is injecting into the blood stream foreign substances, chemical and genetic, that would otherwise not enter the body naturally. When we include into the equation the enormous amount of known and unknown genetic material and foreign proteins that vaccines introduce into the body, and then consider the rapid increase in epidemics raging across the American population—adult diabetes in children, large numbers of various inflammatory and immune deficiency diseases, asthma and new allergies, severe gastro-intestinal disorders (eg., leaky gut syndrome and Crohn's Disease), chronic fatigue syndrome, and many different neurological disorders (eg., autism, ADD and ADHD, Parkinson's, Alzheimer's, etc.)—we must step back and reconsider their causes. We should avoid the kind of faith the vaccine industrial complex has in its determinist, reductionist perspective of genetic materialism to find these answers without taking into account the bombardment of toxic chemicals such as vaccine adjuvants and preservatives, extraneous genetic material, and pathogenic organisms and foreign genetic fragments that we assault our bodies from shortly after birth into old age.

For some time, it was known that the enzyme reverse transcriptase (RT) was present in final vaccine solutions. RT has been used to this day as an indicator that there is a presence of a retrovirus. During the meeting's proceedings, the WHO decided to withhold public announcement of such genetic contamination, in this case concerning the MMR vaccine, and made the decision to not remove it from the market and, in the meantime, continue safety studies at various laboratories.

Roberts reports that Dr. Arifa Khan from the FDA confirmed:

> The RT activity in the vaccine was associated with retrovirus particles from two separate viral strains: Avian Leuokosis Virus (ALV) and Equine Arteritis Virus (EAV). The former was especially disturbing because ALV is a leukemia cancer, and Dr. Khan stated: “There was a theoretical possibility that the virus [ALV] could" infect the [human] cell.” In summary, this means the ALV genetic code could integrate with human DNA, hence causing some kind of cancer.

The FDA's reassurance that the ALV RT activity was safe is based on laboratory observations that there was no viral-human DNA merger activity for “a full 48 hours'. This kind of assurance is almost nonsensical and flies in the face of scientific reasoning since cancers can take years to develop!

As a side note, reverse transcriptase activity is one of the stalwarts of the HIV/AIDS hypothesis. An article, “Serious Questions Regarding the Safety and Efficacy of the Influenza Vaccine” published by Canada's Vaccine Risk Awareness Network reports that some studies, and even some vaccine package inserts, “indicate that vaccinations increase HIV viral replication.”(2) This means all vaccines stimulate a strong suppressive effect on the immune system. Under stress conditions, viruses turn hyperactive and increase their ability to

replicate.

The other risk stated by the FDA official was the possibility of the ALV sequence merging with the measles virus, hence creating a completely new, mutant and dangerous virus. (This could also apply equally to the H1N1 swine flu and any other flu vaccines). As an aside, the world renown British geneticist Dr. Mae-Wan Ho from the Institute of Science in Society wrote that, “Vaccines themselves can be dangerous, especially live, attenuated viral vaccines or the new recombinant nucleic acid vaccines, they have the potential to generate virulent viruses by recombination and the recombinant nucleic acids could cause autoimmune disease.”(3)

During the meeting, Dr. Andrew Lewis, then head of the DNA Virus Laboratory in the Division of Viral Products confirmed that “All the egg-based vaccines are contaminated". These fertilized chicken eggs are susceptible to a wide variety of viruses.” The participants also realized that only a very small fraction of these small contaminants have been identified and there are likely hundreds more to be discovered.

Roberts found a 2001 CDC report showing that RT investigative studies for both the ALV and EAV retroviruses were conducted in 100 patients receiving the MMR vaccine. They found undesirable “RT activity in all measles vaccine lots from different manufacturers tested.” Their conclusion is that “this occurrence is not sporadic and that vaccine recipients may be universally exposed to these [chicken] retroviral particles.” In a separate National Institutes of Health transcript of a meeting, Dr. Conroy of the World Health Organization stated that EAV viruses are found in all fertilized chicken eggs. There appears to be little change in the scientific protocol for making the influenza, MMR and yellow fever vaccines. The current release of intramuscular H1N1 vaccines for the global market relies on the use of fertilized chicken embryos. These include each of the approved vaccines by CSL, Medimmune, Novartis and Sanofi-Pasteur, as well as GlaxoSmithKlines if and when it is approved in the US.

A later meeting of the FDA's Scientific and Regulatory Perspective Workshop, without the press, was convened on September 7, 1999 in Washington DC, and attended by “representatives from all the largest public health institutions in the West.” The following are summaries of key points and statements raised during this meeting as recorded in Janine Roberts invaluable book - *Fear of the Invisible* - http://fearoftheinvisible.com/ - *(see excerpts pasted below)*

---- It was reconfirmed that vaccines are “widely contaminated by viral and DNA genetic code fragments, many viruses and proteins. There was expressed concern that these may also contain prions (tiny proteins responsible for incurable diseases and neurological disorders in both humans and animals) and oncogenes (a gene that turns normal cells into cancerous ones). One attendee, Dr. Goldberg, stated, “There are countless thousands of undiscovered viruses, proteins and similar particles. We have only identified a very small part of the microbial world—and we can only test for those we have identified. Thus the vaccine cultures could

contain many unknown particles."

---- Dr. Andrew Lewis of the FDA said that a brand-new monkey-human mutant virus was created during the course of creating an adenovirus vaccine with adenvovirus-SV40 hybrid viruses. Dr. Lewis also worried that "foreign cellular DNA" common in childhood vaccines could include "viral oncogenes" capable of causing cancer.

---- The scientists presented a question to themselves as to whether or not an attenuated vaccine strain could revert into a variant virus capable of replicating so fast that it would cause AIDS. They agreed that they were unable to answer this question.

---- On the question whether or not mutation events could occur in children after vaccination, the answer was that "Recombination among a variety of viruses [contaminant viruses] and cells co-infected in tissue culture is not uncommon." What this basically means is that because it is "not uncommon" for genetic codes of both contaminant viruses and living cells to recombine and create mutations in laboratory cultures, it can certainly occur in a child's body after vaccination.

---- Dr. Hana Golding, Chief of CBER's Laboratory of Retrovirus Research, raised the fear that although DNA fragment contaminants in vaccines may be thought to be dead, they could remain active and dangerous. This meant that the codes of these contaminants could combine in vaccines and create new mutant strains of pathogens.

---- Dr. Leonard Hayflick, a virologist at both Stanford and the University of California at San Francisco raised a concern that the common primary culture used for making vaccines with animals and bird embryos has created a situation where it is "apparent that these cells contained many unwanted viruses, some of which were lethal to humans." This was especially worrisome of those vaccines, such as polio, which still rely on monkey kidney cells that have contributed to widespread death and illness.

---- One of the UK's leading vaccine expert, Dr. Phil Minor from the National Institute of Biological Standards and Control, noted that some cases of polio vaccine are polluted with more monkey virus, SV40, than actual poliovirus. Although the uninitiated who are not informed about-closed door vaccine science have been led to assume that SV40 was no longer in polio vaccines at the time of this meeting, the conversations confirmed that it was still in use. This is another example of deception at high levels within the vaccine industrial complex and high government health officials to withhold information that directly impacts the health and well being of citizens.

---- Dr. Rebecca Sheets from the CBER's laboratory responsible for monitoring vaccine safety stated the national health organizations had no control over how vaccines were made. In short, they could make

recommendations but the vaccine industrial complex was free to act as it chooses.

---- It is impossible to remove DNA contaminants from vaccines. Although weight limits for contaminating DNA were set by the FDA as far back as 1986, vaccine makers have never been able to reach that goal. The CDC decided to limit their weight recommendation to cancerous cell lines and then increase the other DNA contamination allowance one hundred-fold. However, these limits are only “recommendations” and, therefore, the FDA is unable to enforce them. Vaccine manufacturers continue to have the freedom to take scientific measures to reduce contaminants only if they wish.

Remember, this level of contamination (10 nanograms) only applies to a single vaccine. Children today are inoculated with many vaccines before entering school, each with unique DNA and viral contaminants due to the specific cell substrates used for a given vaccine. This toxic genetic soup is what then flows through a vaccinated person's body.

---- One government health official stated, “I chaired the committee that licensed the chickenpox vaccine, and it [residual DNA] was actually an issue that we considered at that time. We looked among recipients of the vaccine for evidence of an autoimmune response associated with the DNA included in that vaccine"" Actually, we didn't look, we asked the company to look and they did not find one.” Well, of course, only such assurances can be convincing if in fact the company conducted the study, for which there was no compulsory reason to. Clearly, what the official is saying is that health authorities may not possess any study documents that such a study actually exists.

---- Can vaccine DNA contamination cause cancer or autoimmune disease? A meeting participant responded, “when you consider that almost every one of these vaccines is injected right into the tissue" I think you couldn't do much more to get the DNA expressed [to get contaminating DNA taken up by human cells] than to inject it into a muscle in the way it's being done.”

---- Again CBER's Dr. Rebecca Sheets: “I think that the vast majority of licensed vaccines, US licensed vaccines, have not been tested for residual DNA.”

---- A more frightening question was raised as to whether it was known if there has been any presence of foamy virus. Foamy virus (HFV in human form and its more widespread parent SFV from monkeys), although not infectious, is a deadly carcinogen. To the participants' knowledge, they did not know whether any laboratory has ever searched for it in vaccine preparations.

---- The meeting confirmed that a particular cell, “which under many conditions is neoplastic [tumor causing]” has been licensed for the production of both injectible and oral polio vaccines in the US, Thailand, Belgium and France. Therefore, these vaccines carry the high risk of containing cancer-causing oncogenes.

In order to appreciate the magnitude of the contamination problem in vaccine products, it is important to understand that vaccine filtration needs to allow the targeted virus's passage to remain for vaccine use. Other particles and pathogens—DNA and RNA fragments from other organisms (and pathogens) in the manufacturing process, cellular substrates, and viral proteins--smaller than the vaccine's virus will remain in the vaccine.

What the content of these meetings tells us is best expressed by one of the leading attendants at the meeting, Dr. Minor stated, “So even today then you have to bear in mind that a large amount of vaccine that's made is made on really quite crude materials, from an adventitious agent point of view. It's not a trivial usage. In fact, when considering what vaccines are actually made on these days, they are quite primitive in some respects.” Janine Roberts summarizes her investigations succinctly,

> “In other words, the vaccines we give our children are liquids filled with a host of unknown particles, most of which came from the cells of non-humans: from chickens, monkeys and even from cancer cells. Truly we do not know what we are doing or what are the long-term consequences. All that is known for sure is that vaccines are a very cheap form of public medicine often provided by governments to assure the public that they really do care for the safety of our children.”

The conclusion that can be drawn from these meetings convened by our national and international health officials in vaccine science and safety is that vaccines are virtually genetic experiments, capable of causing mass cellular destruction, being injected into the world's population, especially children. There remain so many unanswered questions about vaccine science. This includes the forthcoming swine flu vaccines that will include the contaminants mentioned above, if we take any of these meeting attendees' words to heart.

If we are to express any awe and wonder it should be towards our body's natural immune system and its ability to defend itself from the onslaught of vaccine brews. It is not vaccination that is a miracle of science, as the vaccine industrial complex, government health authorities and their congregations of believers are too eager to proclaim. In fact, the real miracle is the body's ability to protect itself, in most cases, from the invasion of vaccines. Yet, even this statement is now turning suspect given the dramatic rise in multiple illnesses and inflammatory conditions across the age spectrum.

As with all living systems, whether it be a natural habitat in the wild, the planet's climate system to support life, or the body's immune system, a tipping point is eventually reached. Today, with the majority of the public still buying into the false promises of vaccination's efficacy and safety, the vaccine industrial complex remains an extraordinarily lucrative business. More and more vaccines are now being developed for a wide variety of diseases and infections— Chlamydia, herpes simplex type 2, West Nile virus, Epstein-Barr virus, and others—that will only add to the overload of vaccines already recommended, especially to children who are officially recommended to receive 36 separate vaccinations by the time they reach 18 months of age. As

these new genetic poisons are added to the national health agencies' recommended vaccination schedule, a tipping point may be reached that will result in a more serious pandemic, a pandemic of Vaccine Disease, manifesting in myriad illnesses dependent upon each vaccinated person's genetic predisposition and the robustness of the immune system, than any epidemic threat posed by wild infectious pathogens, including the H1N1 swine flu, that could unfold in our so-called developed, hygienic society.

Richard Gale is the Executive Producer of the Progressive Radio Network and a former Senior Research Analyst in the genomic industry. **Dr. Gary Null** is the host of the nation's longest running public radio program on nutrition and natural health and a multi-award-winning director of progressive documentary films, including *Vaccine Nation* and *Autism: Made in the USA*..

(1) The following quotes and events were taken from Roberts, Janine. *Fear of the Invisible: How Scared Should We Be of Viruses and Vaccines, HIV and AIDS* Impact Investigative Media Productions: Bristol UK, 2009; and from an interview with Janine Roberts. The Gary Null Show. The Progressive Radio Network and WNYE-New York on August 19, 2009.

(2) "Serious Questions Regarding the Safety and Efficacy of the Influenza Vaccine" Vaccine Risk Awareness Network. http://vran.org/about-vaccines/specific-vaccines/influenza-vaccine-flu-shot/influenza-nursing-home-deaths/

(3) Ho, Mae-Wan, Cummins, Joe. "The vaccines are far more deadly than the swine flu". *Global Research*. August 21, 2009. http://www.google.com/search?hl=en&source=hp&q=mae+wan+ho+global+research&aq=o&oq=&aqi=g10

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http://fearoftheinvisible.com/

NEW DEVELOPMENT - Many Scientists Endorse Book's Findings of Fraud

View Comments

Written by Administrator -
11/12/08 06:35

NEW! TOP SCIENTISTS CALL ON *SCIENCE* JOURNAL TO WITHDRAW FRAUDULENT PAPERS

Read the letter to the eminent Science journal

asserting major fraud in key HIV papers - signed by eminent scientists!

37 senior professors, scientists and top experts have reviewed the newly discovered documentary evidence in 'Fear of the Invisible' and conclude that there is serious scientific fraud in the scientific papers held for over 24 years to prove HIV the cause of AIDS. They formally request the Science journal to withdraw these papers - Is this the scientific fraud of the century?

FOR THE EVIDENCE OF FRAUD - SEE LINK in column to the left

The newly found evidence shows that the scientists who did the experimental work recorded in these papers, had originally concluded in them that the cause of AIDS could not be found, the very reverse of what they are now said to prove. It turns out that after Lab. boss Robert Gallo returned from overseas where he had boasted that they had found the cause of AIDS, he deleted these conclusions and key research findings from the lead paper, rewriting it so dramatically that three weeks later it was acclaimed for proving a virus causes AIDS. It is now one of the most cited scientific papers in the world, the basis of a multi-billion dollar industry, and yet, government experts ten years later concluded that the experiments recorded in this paper have never since been able to be repeated and thus verified.

Our Press Release.

Semmelweis Organization supports Scientists' letter

Rethinking AIDS, representing over 2,000 scientists and others questioning the HIV theory, supports the Scientists' letter

Semmelweis Board of Directors Resolution condemning fraudulent research - endorsing approach to the Nobel Foundation

Letter to the Nobel Foundation

UPDATE - LETTER TO SCIENCE gets more signatures

Last Updated on Wednesday, 17 December 2008 17:57

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Fear of the Invisible

by Janine Roberts
isbn 0955917727, amazon.com
308 pages US$19.95 UK£12.99

An Investigative Journey into a reckless and contaminated Medical Industry

This book takes its readers on a journey into the very heart of the hunt for viruses – to the key experiments performed to prove that these invisibly small particles cause diseases that often were previously blamed on toxins or bacteria. It sheds light on the extraordinary assumptions underlying much of this research into viruses – and the resulting vaccines and antiviral medicines.

The author, an investigative journalist who researched and produced investigative films for the BBC, American and Australian television, was asked by parents with children severely ill after vaccination to discover if the medical authorities were hiding anything from them. (I should add this was Jabs!) She agreed, but had no idea how long this search would take or how it would change her ideas. She expected at best to uncover a small degree of contamination.

On the ensuing decade-long journey of discovery, she found top government scientists report alarmingly, at meetings between scientists, that it is impossible to purify vaccines. They stated that the childhood vaccines of today are contaminated with viruses from chickens, humans and monkeys, with RNA and DNA fragments, with "cellular degradation products," and possibly "oncogenes and prions."

A chapter called 'The impure nature of vaccines" draws heavily on official (but previously unseen) transcripts of meetings between top UK and USA vaccine scientists... it is shocking to hear how they talk when no journalists are around. I had always imagined that vaccines were made of viruses put into a sterile fluid - with a few other chemicals added as preservatives - like mercury... and thought this was what one had to worry about...

Well - this is untrue... the liquid used is not sterile - it is the fluid in which the viruses are drawn out of the incubator of animal, human or chicken cells... it cannot be filtered as that would remove the viruses wanted in it... so everything of the same size or smaller remains in the vaccines. These scientists all expressed grave concerns.... one of them said that if the Greens in the UK knew what they were saying, they would demand the immediate withdrawal of all vaccines! The author reports a manufacturer of MMR says the vaccine as given to children is full of cellular degradation products they cannot remove from it ... She also cites also authorities saying the manufactures cannot meet the government purity standards - even after they lowered them by a hundred times. A major US court decision in 2008 has linked autism with vaccine contamination.

Contents

Thus it is not just mercury - there are a thousand things in the vaccines. Our children mostly do not fall ill from vaccination simply because nature gifts most of them with excellent immune systems...

This book, proof read for scientific accuracy by an eminent professor of pathology, gives not just detailed quotations but also names the scientists who are saying these things - giving web links where possible so people can read the original documents for themselves. The doctors cited said that they dare not tell the pubic about all this contamination - as they might demand a withdrawal of the vaccines. Thus we are still not told despite all the consequences for long-term public health.

There is much research here that has not been reported elsewhere. This chapter cites, for example, a World Health Organization (WHO) senior scientist who said that although they have found the MMR vaccine to be widely contaminated with chicken leukosis virus, they have decided not to tell the public and to continue to permit the vaccine to be made with contaminated eggs.

The author has doubts over the full accuracy of their research, as it is based on discovering an

enzyme, RT, not a virus, but these are important scientists and they say the virus is present, is very dangerous to chickens and potentially to children. But, to admit this publicly, would reveal that they cannot purify the vaccines given to our children.

A senior professor is cited as writing the vaccine program was so contaminated and chimps were used in vaccine manufacturing so widely, that HIV could easily have spread in a vaccine.

The author tells how she disturbingly discovered that the key HIV research, that said to prove that HIV causes AIDS, was investigated for scientific fraud by very powerful US scientific institutions (supervised by the US Academy of Science) and by Congress over a four year period. Why is this not widely known? It seems there has been some sort of cover-up. The book cites their conclusions, showing that they reported over twenty major errors in this research, with some errors so serious that they made it impossible to repeat these experiments and verify them! I reproduce the key documents so the reader can assess them for themselves. This is explosive material.

The author takes us to the key experiments in virology - the ones cited most widely - the ones on which our vaccines are ultimately based, and could find none in which pure samples of viruses were produced and proved to cause particular human diseases. They cannot purify viruses for use in vaccines, and it seems without such pure cultures they cannot properly research the links between viruses and diseases. Frequently the effects of toxins are misdiagnosed as the effects of viruses.

The book discusses in detail how they produce today the flu and measles virus for vaccines. The author details how measles virus is produced according to the latest CDC guidelines. The way it is done raises many issues.

Part of the book also takes the readers on a journey through various aspects of HIV theory, such as sexual transmission, the different clinical definitions of AIDS, why AIDS is said to be c aused by HIV and at the same time is said by our governments to happen in the absence of HIV, and why the HIV test picks up on different diseases in the West from in Africa. It is all heavily scientifically referenced.

In the final part is reported recent research that is revolutionizing biology and offering much hope for the future. These new developments shed new light on the relationships between our cells and viruses. They are not necessarily enemies. Readers may find these new developments will radically change the ideas they have held about viruses all their lives.

The preface is contributed by Dr Roberto Giraldo. The book has hundreds of scientific references, a scientific glossary and an index.

Do hope you find it valuable...

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Written by Janine Roberts Monday, 18 August 2008 01:37

extract from Chapter 7 of Fear of the Invisible.

MMR Vaccine Contaminated

A year after I met with the top government regulatory scientists at the NIH Emergency Workshop on SV40 in 1997, they met again in Washington for another workshop on vaccine safety. At this there were representatives of all the major US government health organisations and of the vaccine manufacturers. A third similar meeting would be held a year later in 1999.

The main issue at the November 1998 meeting was whether or not it would be safe for manufacturers to produce the viruses needed for vaccines from cancer cells. Pharmaceutical companies were at that time seeking government approval for this, on the basis that cancerous cells, as ‘immortal' and permanent, would be cheaper to use than cells they had to regularly replace by, for example, buying more monkeys.

These workshops looked at the issue broadly, by comparing the safety of the different ways available for making our vaccines. As everyone present was a scientist, the discussions were much more open and frank than they are when journalists are present.

They started with the Measles, Mumps and Rubella vaccine (MMR). One of the first speakers on this was from the federal Food and Drugs Agency (FDA) and what she had to report was very disturbing.

‘Today I would like to present an update on the reverse transcriptase [RT] activity that is present in chicken cell derived vaccines.' My attention was immediately grabbed. I knew that the mumps and measles viruses used for the MMR vaccine are grown in fertilised chicken eggs, as are also the viruses for the Flu and Yellow Fever vaccines. (The rubella virus for MMR is produced differently - in artificially grown cells taken originally from an aborted human foetus.)

Dr, Khan was reporting the result of a just concluded two-year investigation into the safety of MMR led by the World Health Organisation. She explained that this was initiated in 1996 after the discovery in MMR of RT; an enzyme whose presence they believed could well indicate that retroviruses had contaminated the vaccine. This had greatly alarmed them as some retroviruses are thought to cause cancers - and AIDS.

WHO had then quietly, without telling the public, without withdrawing the vaccine, organised MMR safety studies at various laboratories to see ‘whether this RT activity was associated with a retroviral particle, and even more importantly, whether this retrovirus particle could infect and replicate in human cells.'

What they then discovered confirmed their worse fears. Dr Khan continued: ‘The RT activity is found to be associated with retroviral particles of two distinct avian endogenous retroviral families designated as EAV and ALV.' Now ALV stands for Avian Leukosis Virus. It is associated with a leukaemia cancer found in wild birds, so definitely was not wanted in the vaccines. EAV was however less dangerous, at least for birds as it is natural for them to have it.

Khan added that they had also found another possible danger; ‘There was a theoretical possibility that the virus [ALV] could ... infect the [human] cell' thus integrating its genetic code ‘into the human DNA' to cause cancer. The only reassurance she could give was that her team had watched vaccine cultures for a full ‘48 hours', and, in that time period, no merger of viral and human DNA had been observed. I thought this much too short a period to guarantee safety. Cancers develop over years.

Dr Khan then warned; ‘there is a possibility that there could also be potential pseudotypes (merging between) ... the measles vaccine virus and the retroviral sequences' - meaning there was a risk that bird viruses might combine with the measles virus in the vaccine to create dangerous new mutant viruses, They had not seen it, but it could happen.

She acknowledged much longer term safety studies were needed than 48 hours, but said that long-term studies of measles vaccine cultures were very difficult: ‘because the measles vaccine virus itself lyses [kills] the culture in about three to four days.' This had prevented them from studying the longer-term consequences of this contamination of the MMR vaccine.

So far, she added, they had only managed to analyse a small part of the retrovirus contamination in the vaccines. ‘Our ongoing studies are directed towards doing similar analysis' of other retroviral genetic codes found in the vaccine preparations.' It was suspected that other retroviruses might also be present. She also noted that ‘about 20 years ago similar RT activity was reported' in the vaccine. Apparently nothing had been done about it at that time and the public were never told.

She concluded by explaining what the World Health Organisation (WHO) had decided to do about this chicken leucosis virus (ALV) contamination. It would take the risk of quietly allowing MMR to continue to be contaminated. It would permit vaccine manufacturers to continue to use retrovirus contaminated eggs, because ‘you cannot get ALV free flocks in places where you are making yellow fever vaccine.'

Dr Andrew Lewis, head of the DNA Virus Laboratory in the Division of Viral Products, then warned. ‘All the egg-based vaccines are contaminated,' including ‘influenza, yellow fever and smallpox vaccines, as well as the vaccine for horses against encephalomyelitis virus' for ‘these fertilised chicken eggs are susceptible to a wide variety of viruses.'

This was an eye opener for me. Before I started on this investigation, if I thought about it, I would have presumed our vaccines were made of selected viruses in sterile fluid to which a small amount of preservative chemicals has been added. I think this is what most parents presume.

It was thus a shock to discover from this top-level scientific workshop that the viruses in our current vaccines are not in a sterile fluid as I had presumed, but in a soup of unknown bits and pieces, a veritable witches' brew of DNA fragments, added chemicals, proteins and, even possibly prions and oncogenes, all of which would easily pass through the filters used to be injected into our children.

Our vaccines, I thus learnt, are not filtered clean but are suspensions from the manufacturers' ‘incubation tanks' in which the viruses are produced from ‘substrates' of mashed bird embryo, minced monkey kidneys or cloned human cells. These suspensions are filtered before use but only to remove particles larger than viruses. The point of the vaccine is that it contains viruses, thus these must not be filtered out. This means there remains in the vaccine everything of the same size or smaller, including what the manufacturers call ‘degradation products' - parts of decayed viruses or cells.

I also learnt that the only official checks made for contaminants in vaccines are for a few known pathogens, thus ignoring a vast host of unknown, unstudied, small particles and chemicals. These eminent doctors reported at these vaccine safety meetings that it is simply impossible to remove these from our common vaccines - and this would of course also apply to vaccines for pets, farm animals and birds.

I went to the published reports of the MMR manufacturers and found these confirmed what the scientists at this workshop had reported. A manufacturer stated in 2000 that it made the MMR vaccine with ‘harvested virus fluids.' It stated frankly that their ‘Measles vaccine bulk is an unpurified product whose potency was measured through a biological assay for the active substance rather than through evaluation of integrity of physical form. Degradation products are neither identified nor quantified.' In other words, it left the latter in the measles vaccine along with all contaminants that lay there quietly, or worked slowly. The pharmaceutical company admitted checking the measles vaccine only for obviously active contaminates. It did not measure how much the vaccine was polluted with genetic code fragments, other viruses, or with parts of bacterial, animal, bird or human cells.

The latest information I could find on the retroviral contamination of the MMR vaccine was in a 2001 scientific paper from the CDC. This reported that 100 MMR recipients were tested to see if they were contaminated by either of the two types of retroviruses identified by Dr Khan and others. The conclusion was dramatic. ‘**The finding of RT activity in all measles vaccine lots from different manufacturers tested suggests that this occurrence is not sporadic and that vaccine recipients may be universally exposed to these [chicken] retroviral particles.'**

They then concluded: ‘Despite these reassuring data, the presence of avian retroviral particles in chick embryo fibroblast-derived vaccines [like MMR] raises questions about the suitability of primary chicken cell substrates for vaccine production.' They recommended considering stopping production in fertilized eggs, and growing the vaccine viruses instead on ‘RT-negative cells from different species, such as on immortalized [cancerous] or diploid [laboratory grown] mammalian cells.' I was amazed to learn this, for, to the best of my knowledge, nothing has been done since this report was made to render MMR safer. The measles vaccine is still produced from contaminated chicken embryos.

http://www.fda.gov/ohrms/dockets/ac/cber05.html#VaccinesandRelatedBiological

http://www.fda.gov/cber/advisory/vrbp/vrbpmain.htm

http://www.emea.eu.int/humandocs/PDFs/EPAR/mmrvaxpro/060406en6.pdf.

Last Updated on Wednesday, 20 August 2008 17:12

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The Introduction to the Book

View Comments

Written by Administrator

Thursday, 12 October 2006 10:00

The introduction to the book... Virology - the misnamed Science

The word ‘virus' comes from the Latin for a poisonous liquid, and before that from the Sanskrit for the same. The hunt for them started when, towards the end of the 19th century, it was suggested that invisible living particles much smaller than bacteria might cause the epidemic illnesses for which no bacterial cause could be found. When the electron microscope found tiny particles in the blood serum of patients entering and leaving human cells, this was a Eureka Moment. The prediction was surely about to be proved true. These particles were assumed to be invading and hijacking our cells in order to reproduce. They were thus all condemned as poisons, as ‘viruses.'

As more of these were searched for and found in sick people, many illnesses became blamed on them. They became the invisible enemy, the nano-terrorist we must fear. We were instructed that one of our first duties for our newborn children is to vaccinate them against this dreaded foe. Thus was created an ever-growing multibillion-dollar pharmaceutical industry.

But, as I have travelled through the science that underlies this industry, I have gradually learnt to ask questions. I now realise that there is another way to see this story that fits all the data. I have learnt from biologists that our cells naturally produce viral-like particles without being invaded or infected, both when healthy and sick. Currently such particles are named by asking what illnesses they cause as if this is their raison d'être, their only importance, the sole reason for cells making them. They would be named far more positively and comprehensively by asking what cells produce them and for what purpose.

Scientists like Barbara McClintock, who won a Nobel Prize for finding that cells operate with intelligence and seek to repair themselves, have given us a very different understanding of the particles they make. We now know that our cells create multitudes of tiny transport particles (vesicles) to carry the proteins and genetic codes needed within and between cells. The ones that travel between cells, those our cells use to communicate with each other - are puzzlingly just like those that we have long blamed for illnesses.

It now seems that we may have broadly misconceived the virus; that they may be simply inert messages in envelopes carried from cell to cell. In the last ten years scientists have begun to call them instead ‘exosomes', ‘particles that leave the body' of the cell, thus removing the inference that they are all poisons. Distinguishing the healthy particle from the pathogenic is now an enormous problem for the virologist, for it has been discovered that our cells make them all in the same way, in the very same place. It also seems we cannot stop this process without risking severely damaging our cells.

So, perhaps we need to halt the juggernaut of virology with its virus hunt, and look to see if there is another way of helping us keep healthy. We need to know how we can strengthen the malnourished cell, rather than use the many medicines that try to prevent it from making particles by interfering with its essential processes. We need to know if a poisoned cell may produce unhealthy messengers or viruses. We need to learn far more about cells - for only now are we starting to understand how they communicate and the very important role played in this by the particles we had totally demonised as viruses.

I spent over 4 years in the 1990s researching why the vaccines made to protect our children from viruses sometimes instead did them grievous damage. It then took me over 8 years to travel from accepting without question that a virus causes polio and another causes AIDS to discover that most people, including myself,

have been vastly misled.

I now realize that science today is so specialized, that every new generation of scientists has had to trust that those who laid the foundations got things right, for they cannot repeat this earlier work except at great cost. If this trust ever proves to be misplaced, it is absolutely vital to correct this with all speed and courage.

I have been horrified to learn from the highest scientific authorities that this trust has sometimes been very grievously misplaced. For example, high-level US governmental inquiries in the 1990s, guided by eminent scientists, explicitly reported the key foundation HIV research papers were riddled with grave errors and deceptively "fixed." They documented these findings with great care - and I likewise do so here. But when the Republican Party gained control over the US House of Representatives at the end of 1994, it ended this most important investigation, buried its reports and left the scientific papers it found to be erroneous uncorrected. These same papers are thus still frequently used by unsuspecting scientists worldwide, who cite them as proof that HIV causes AIDS. I present clear evidence here that these papers were fixed at the last moment before publication. I also reproduce the original documents so you can judge for yourselves.

When I dug back further, to the origins of virology and the great hunt for the poliovirus, I found the story was scandalously much the same. Powerful evidence was presented to Congress linking the summer polio epidemics to summer-used heavy metal pesticides. These scientists suggested remedies, reported curing polio - and were ignored. Instead parents were told to be scared of a yet undiscovered virus. Today thousands of children are still being identically paralysed in regions where such pesticides are heavily used - but all the World Health Organisation (WHO) says is: ‘Don't worry; we have nearly exterminated the dreaded poliovirus. We have checked. The paralysed children were not infected by it.'

As for childhood vaccinations, surely they have proved a great benefit? I long thought so, but I have found the government scientists we entrust with our children's lives have admitted, at official vaccine safety meetings reported here for the first time, that they cannot clean these vaccines; that they allowed their use despite knowing that they are scandalously polluted with numerous viruses, viral and genetic code fragments, possibly toxins, prions and oncogenes. The World Health Organisation has also disclosed at these meetings that it has long known that the MMR vaccine to be contaminated with avian leucosis virus. This is a bird virus linked to leukaemia, but the public have not been told about this. Why most children are not falling ill from this dangerous contamination is, it seems, because most are thankfully gifted by nature with very effective immune systems - and because these viruses are generally not as dangerous as these scientists believe.

As for the great flu' epidemic of 1918, it is used today to spread fear of viruses. Yet, shortly after it occurred, an eminent Yale University professor reported that bacteria primarily caused it, and the flu viruses present were virtually harmless. As far as I can discover, his work remains unquestioned but not mentioned. I thus report it in this book. As for the recent scare over bird flu - any self-respecting bird would fall ill and create new viruses if subjected to the amounts of pollution now emitted in China. What we need to focus on is the pollution - not to waste a fortune on chasing genetic code fragments in birds healthily migrating thousands of miles.

What also of the many eminent scientists who have concluded publicly that the HIV theory of AIDS must be scientifically flawed because their research indicates that it has other causes and is curable? Is it right that their research is being suppressed, ridiculed and not funded - simply because they have not confirmed the establishment's theory for this dreaded epidemic? At the end of this book I list some of their names and positions.

Among these dissenters are at least one Nobel Laureate and many senior professors at major universities. But it seems, no matter how important the academic chairs they hold, they are all mocked for so concluding and are scarcely ever interviewed. Instead they are scandalously called ‘Denialists,' as if they had denied the Nazi

Holocaust, on the basis that their work dissuades people from taking antiretroviral chemotherapy drugs - which logically cannot be lifesaving, despite all claims, if a retrovirus is not to be blamed.

I have to ask what are the consequences of this uncritical adherence to the theory of HIV? So far this theory has produced no cure and no vaccine despite the spending of some $200 billion on research. So, what if unacknowledged fraud is a major reason for this continual frustration? Is HIV science built upon flawed and fraudulent research? As for Robert Gallo, the first scientist awarded the credit for discovering HIV; it seems he may have only escaped criminal prosecution for fraud in developing the HIV test on a technicality; because it was found by a State Attorney General that too much time had elapsed for his prosecution to be undertaken.

As for AIDS in Africa, journalists rarely check how AIDS is diagnosed in that continent. Most logically presume it is diagnosed the same as in the West. But, if they had checked, they would have learnt that World Health Organisation has set very different criteria for an AIDS diagnosis in Africa - explicitly stating that AIDS can be diagnosed solely on the basis of symptoms common to other major diseases! Thus many diseases can be and are diagnosed as AIDS in Africa. I cite these remarkable diagnostic rules in full in this book so you can judge this for yourselves.

If the dissenting scientists were right, if we wrongly fear a sexually transmitted virus, this discovery would have an enormous impact around the world and especially in Africa. It would cause a vast uplifting of the spirits of its people, far greater than anything achieved by "Alive-AID" concerts. We all know how devastating it is for an individual to be told that they are HIV positive and will inevitably die of AIDS. What then does it do to the morale of the people of a continent to be told that they are not only desperately poor but incurably blighted - due to sex?"

We have been taught to greatly fear viruses - and yet scientists have long known that these are fundamental parts of life, made by the millions by all healthy cells. I hope this book will help by combating this fear, this damning of the invisible because we do not understand it. Without this fear, hopefully the focus in medical research will shift to the environmental toxins that really do put us, and our world, gravely at risk.

As for myself, my work as an investigative journalist previously was on relatively safer subjects for one's reputation in the liberal press, such as arms for Iran, Aboriginal land rights, blood diamonds. I do not expect such a relatively easy ride this time, given the emotion connected to this issue. Indeed, attempts have already been made to prevent this work appearing, by the same academics who have tried to prevent publicity for the works of the ‘dissident' scientists, I suppose I should be honoured to be seen so early as a danger by them, even before this book appeared! You can read here verbatim their attacks on my work and judge their validity for yourselves.

But the truth needs to be out. I hope my account will help to lift the fear with which these natural and fascinating tiny particles have been enshrouded for far too long. They are the products of our cells - and they helped make us.

When I began some twelve years ago my journey into medical research, it took me into the grim world of the virus hunters - but then, utterly unexpectedly, it led to me being utterly enthralled by the marvels of miniscule world of the cell and of its messenger particles or viruses, a world that may well extend across galaxies. I invite you to join me on this journey to meet with our oldest, smallest ancestors, ones whom we are only just now starting to know.

For an example of ‘infection' used as a criteria, see *Retroelement and Retrovirus Universal Classification* - Pat Heslop-Harrison. http://www.le.ac.uk/bl/phh4/retrocla.htm

Last Updated on Monday, 08 September 2008 00:07

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Ever wonder how they find measles virus?

View Comments

Written by Janine Roberts

Monday, 18 August 2008 21:06

How 'Measles Virus' is isolated for a Vaccine.

extract from 'Fear of the Invisible"

In an online paper entitled '*Isolation and Identification of Measles Virus in Cell Culture,*' the CDC, the central Health Research authority of the USA, lays out how isolation of this virus should be done so it can be used, say for a vaccine. It instructs, first obtain from the patient a small sample of urine or fluid from the nose or mouth. Next 'sacrifice' a marmoset monkey, take some of its cells, then make these cancerous, perhaps by exposing them to radiation, and then give them, on top of this, Epstein-Barr disease! Such extremely sick cells, the CDC informs us, are '10,000 times' more sensitive to the measles virus than are normal human cells.

Now add to these cells a toxin called trypsin. The CDC tells us to expect some cells to fall off the sides of the vessel as if they have been poisoned. They have been. Now add nutrients and glucose and leave for two or three days so the cells can somewhat recover.

Now add to the cells the sample gathered from the patient. After an hour, inspect the cells in the culture with a microscope to see if any of the cells are becoming distorted, or are floating free as they did when trypsin was added. If they are, the CDC says this is proof that measles virus is present and making the cells ill.

This statement made me sit back and think. Why should this illness now be caused by a virus? They had poisoned the cells, made them cancerous..... and now the CDC was saying the cells must be ill because they had measles. Where was the logic in this?

The next stage involves the addition of two antibiotics, Penicillin and Streptomycin, to the culture and leaving it alone for a day. Again the cells are inspected - and if small holes now appear between cells, it is now presumed that measles virus has caused these. If no sign of such damage, this process is repeated. If after this there are still no signs of damage, then the culture is discarded. However, if 50% or more of the cells are now seriously ill and distorted, the culture is set aside and kept in the fridge as 'isolated measles virus stock suitable for vaccines!' All this without actually detecting the virus itself!

This is the whole process as recommended by the CDC. There is no mention of the need to have a control culture, no mention of any need to isolate the measles virus or even to see it with an electron microscope. The cells are poisoned - and an unseen measles virus is blamed - even thou' the disease the cells have is totally unlike measles. Where is the logic in this?

CDC. *Isolation and Identification of Measles Virus in Culture,* Revised November 29, 2001.

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