

# Vaccines are the Perfect Vector for Mass Infection

by Jeremy James



## One in Six

“Recent estimates in the United States show that about one in six, or about 17%, of children aged 3 through 17 years have one or more developmental disabilities. <sup>(1)</sup> Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person’s lifetime <sup>(2)</sup>.”

– CDC official website, 2019

1. Zablotsky B, Black LI, Maenner MJ, Schieve LA, Danielson ML, Bitsko RH, Blumberg SJ, Kogan MD, Boyle CA. Prevalence and Trends of Developmental Disabilities among Children in the US: 2009–2017. *Pediatrics*. 2019; 144(4):e20190811.
2. *Developmental Disabilities: Delivery of Medical Care for Children and Adults*. I. Leslie Rubin and Allen C. Crocker. Philadelphia, Pa, Lea & Febiger, 1989.

Source: <https://www.cdc.gov/ncbddd/developmentaldisabilities/about.html>

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When Job wrestled with the great question that weighed so heavily upon him, he bemoaned the absence of a referee or a judge [“daysman”] who could to assess the merits of his case and plead it before Almighty God:

**“Neither is there any daysman betwixt us, that might lay his hand upon us both.” (Job 9:33)**

We love justice, no doubt because we are made in the image and likeness of God, and He too loves justice:

**“For I the LORD love justice...” (Isaiah 61:8)**

How wonderful and reassuring it is to know that, not only is God, our Creator, perfectly just, but that He wants us to know that He *loves* justice.

### **SB 276**

California is one of four states that do not allow parents to opt out of vaccinating their children for religious or personal reasons (The others are Maine, Mississippi and West Virginia). But it does allow medical exemptions: A doctor can excuse a child from receiving some or all of the required vaccinations if there is a medical reason for doing so. Under the new bill – SB 276 (signed into law on 9 September 2019) – doctors can no longer authorize such exemptions on their own; each case will also need to be approved by state health officials.

### **The Enemy hates Justice**

One of the great hallmarks of the time we are now living in is the rapid erosion of justice. Since God loves justice, we can be certain that Satan hates it. He is using his army of earthly servants to dismantle the institutions of justice, to deliver perverse and irrational rulings, to undermine norms and legal precedents that protect the weak and vulnerable, to stifle debate and suppress evidence, and to implant in the hearts of men – to the greatest extent he can – the conviction that justice is unobtainable. The little man is being subjected to a deliberate program of demoralization. All he can lean on is the hope that the fickle finger of federal power and government fiat will not point in his direction.

Where science is concerned, this program has replaced proof with propaganda. The remorseless repetition of an opinion can transform it into a fact. By the same token, the relentless denigration of a fact can turn it into an opinion. As a tool of mind control, it is really quite straightforward. There is nothing subtle about it. Even when a person knows it is being used to condition his mind, he finds it difficult to resist. We are seeing this happening in grand style today with the great hoax known as manmade global warming. No matter how many well-founded scientific facts are shown to refute the lie, the non-stop chant of doom-laden propaganda is too hard for the brow-beaten masses to ignore.

The key word here is “doom-laden”. Fear is the catalyst behind the best propaganda. We find it being used to bewildering effect in the Great Vaccine Debate. Where one would normally expect to find a thoroughly objective and comprehensive proof of both the efficacy and safety of childhood vaccines, we find instead a mass of assertions based on loosely-defined and insubstantial trials and studies. The traditional principle of cause and effect is only brought into play after all the necessary self-serving assumptions have been made. Only a true believer could find these ‘proofs’ convincing. The majority of practitioners go along with this charade since the alternative – a temporary moratorium on the use of childhood vaccines – would be unthinkable.



Fear stifles objective thought and makes certain options ‘unthinkable’. The fear behind the Great Vaccine Debate is designed to censor the free exchange of ideas and make alternative modes of treatment seem irrational. The owners of the only acceptable mode of treatment, the vaccine industry, are able to harness the popular fear of a medical catastrophe to prevent any serious re-evaluation of their products or their methodology.

**Remember, 1 child in 6 in the U.S. now has one or more “developmental disabilities” which will impact on their “day-to-day functioning” and last throughout their lifetime.  
Tell your friends this dreadful fact.**

### **Vaccines are a special class of pharmaceutical product**

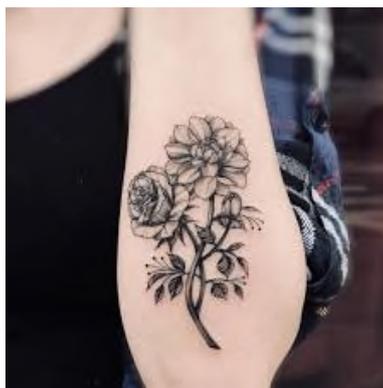
Childhood vaccines are a special class of pharmaceutical product. They have many features which set them apart from other products and require a far higher threshold of safety, both in the trial or pre-lease stage and after they have been sold on the market:

- A.** Vaccines are injected directly into muscle tissue and thus bypass the natural filtering system in the alimentary canal. They will also make their way into various parts of the body before being filtered by the kidneys. It is imperative, therefore, that they be free of all impurities.

**B.** There is strong scientific evidence that some of the contents of a vaccine can get past the blood-brain barrier (BBB). The BBB is a very important defense against the incursion of substances that might disrupt the highly sensitive cellular processes that take place in the brain, especially during its developmental phases when unwarranted biochemical interference could cause permanent damage. The BBB stops pathogenic particles from passing via the blood capillaries in the brain into the surrounding cerebrospinal fluid. As such it is similar to the wall of the gut which keeps material from the digestive tract from leaking into the bloodstream. Anything that damages the permeability of the BBB or the lining of the gut can create serious chronic conditions which are very difficult to diagnose and treat. Due to the inclusion of nanoparticles and similar ultra-fine particles in food processing and pharmaceutical products, we are witnessing today a very marked increase in cases of leaky gut and brain inflammation caused by toxic material leaking through the BBB. There is also evidence that harmful substances that might otherwise get blocked by the BBB are exerting a synergistic effect – where one helps the other biochemically – and one or both get through.

**C.** Vaccines are designed to elicit an auto-immune response. This makes them unique. They are effectively reprogramming the body's immune system so that, when the disease-causing agent, specific to the vaccine, enters the body at some future date, the body will 'recognize' it as a pathogen and take appropriate action.

**D.** Vaccines are designed to have a permanent impact on the body. While many lose their intended efficacy after 5-10 years, they qualify as substances which leave a permanent mark on the body, rather like a tattoo.



### **Common misconceptions about vaccines**

Let's look at just a few of the assumptions that the public has blindly accepted and without which the pharmaceutical industry would have difficulty maintaining its existing stranglehold over the vaccine 'debate':

**1. Each disease has a single cause, usually a bacterium or a virus.**

This is false. Diseases are complex biochemical states within the organism which have no single cause. The same bacterium or virus in two people can have very different effects. Environmental factors play an important role in the development of a disease, as does the strength of the individual's immune system.

**2. Every disease has a single cure.**

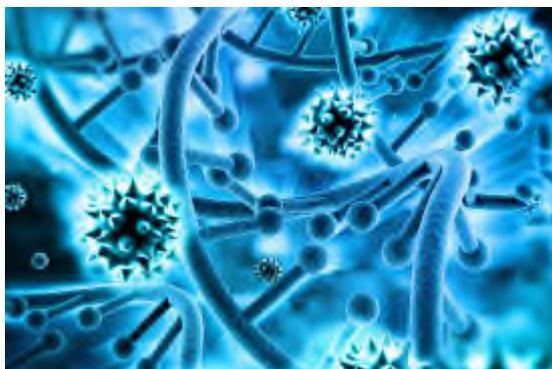
This is also false. The healer in all cases is the body's immune system, the performance of which depends on several factors, including the overall load of toxins that the body has to deal with, the quality of one's nutrition, access to clean air and water, and hygienic surroundings.

**3. Vaccines give assured immunity.**

No, they don't. If they work at all they do so by giving some additional information to our immune system which may or may not enable it to recognize and attack a future pathogen.

**4. Vaccines give lifelong immunity.**

No, they don't. Most vaccines cease to have any effect after 5 years or so and any 'acquired' immunity is lost. Thus the concept of 'herd immunity' is a fiction.



**5. Vaccines protect against all strains of a disease-causing pathogen.**

No, they don't. Most address only a particular strain of a pathogen. There are many strains of flu but the so-called flu vaccine targets only a few of them.

**6. Childhood diseases like measles are a serious threat to public health.**

Most of them are not. Some, like tetanus and diphtheria, are extremely rare. TB is also extremely rare. No child can contract Hepatitis B unless his or her mother was infected. A child in good health will not be affected by measles or mumps, apart from having to spend a day or two in bed.

There is compelling evidence that the disease called ‘polio’, which caused great suffering and anxiety in the 1950s, was actually produced by the liberal use of dangerous pesticides such as DDT. While it is hard to be dogmatic in these matters, the only childhood diseases that can seriously be described as life-threatening are bacterial meningitis and, possibly, pertussis (whooping cough), both of which, thankfully, can be treated satisfactorily with antibiotics if diagnosed in good time. [This paragraph is a layman’s understanding of existing practice.]



**7. All vaccines are thoroughly tested for safety.**

No, they are not. The tests are conducted only by the manufacturer, using the criteria and parameters which it decides are appropriate, subject to FDA approval. Since vaccines are never subjected to independent assessment before approval, the trial will likely be based on the least rigorous set of conditions. For example, they will use only adults in good health who are not also taking other kinds of medication. Thus many circumstances that are certain to arise in practice will not be tested for. Details of any trials which revealed defects or drawbacks with the drug can be withheld from the FDA. This is probably unlawful but no independent examination of research data is ever conducted. Worst of all, vaccine trials generally extend no more than three months or so. No account is taken of adverse effects that might arise after that time. Pharmaceutical companies are not even required to do any follow-up analysis of the effectiveness and safety of their products.

**8. All vaccines have been thoroughly tested for effectiveness.**

No, they haven’t. A trial may convince the FDA that a vaccine is likely to have some benefit in the field, but that is not the same as a test for effectiveness. The only way to know whether a vaccine is effective – whether it provides adequate protection against the disease it is designed to counter – is whether recipients acquired the intended immunity. This can only be done by comparing two similar populations, one of which received the vaccine and one which didn’t. Alas, such trials are NEVER conducted. If they were we would know whether vaccines are **really** of any use. Crucially, we would ALSO be able to establish whether the general health of the non-vaccinated population was better than that of the vaccinated one.

### **9. Vaccines are free of toxic impurities**

No, they're not. On the contrary, they are full of ingredients whose safety has never been established. These include aluminum and tiny traces of mercury (even though mercury is no longer officially added to most vaccines). Both mercury and aluminum are neurotoxic. Vaccines also contain a wide variety of live viruses. A virus is a short string of RNA which is not capable of self-replicating. In theory they should be harmless but if they find their way into the nucleus of a cell they can affect the operation of its DNA. The effects are unpredictable but there is research to suggest that they are implicated in some forms of cancer. Since it can take years, even decades, before they become activated in this way, they are often called 'slow viruses'. They are also known as 'retroviruses' since they would appear to possess a property which enables them to infiltrate a cell's DNA. Some respected research scientists, such as Judy Mikovits PhD, who worked for many years at the National Cancer Institute in Maryland, advise against the use of vaccines, especially in children, because of the presence of large numbers of retroviruses. It should be noted that these viruses cannot be neutralized before the vaccine is injected into the patient since any procedure which killed the viruses would also destroy the active ingredient that is supposed to protect against the designated disease.

### **10. Toxins from vaccines cannot cross the blood-brain barrier**

Oh yes they can. Research is now revealing how viruses, under certain conditions, are able to do so ("The blood-brain barrier (BBB) provides significant protection against microbial invasion of the brain. However, the BBB is not impenetrable, and mechanisms by which viruses breach it are becoming clearer." - *Viral disruption of the blood-brain barrier*, K Spindler, Trends Microbial, June 2012).



It has also been shown that an emulsifier known as Polysorbate-80 (also called Tween 80) is present in many vaccines (Emulsifiers make it easier for oily substances to dissolve in water, rather like a detergent). While the CDC does not list Polysorbate-80 in its list of vaccine ingredients (*What's in vaccines?*), it does reveal elsewhere on its website that this emulsifier is used as an excipient in the following vaccines:

DTaP (Infanrix)  
DTaP - IPV (Kinrix and Quadracel)  
DTaP - HepB- IPV (Pediatrix)  
DTaP - IPV- Hib (Pentacel)  
HepB (Heplisav-B)  
HPV (Gardasil 9)  
Influenza (Fluad, Fluarix, Flucelvax, Flulaval)  
Meningococcal (MenB - Trumenba)  
Pneumococcal (PCV13 - Prevnar 13)  
Rotavirus (Rota Teq)  
Tdap (Boostrix)

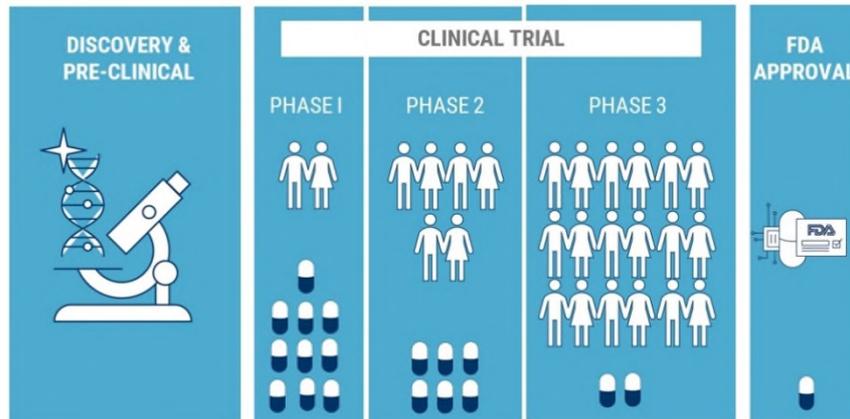
The public ought to be aware that Polysorbate-80 is often used as an emulsifier by the pharmaceutical industry to enhance the delivery of chemicals from the blood into the brain across the blood brain barrier (BBB). This is necessary in the treatment of brain infections, lesions and tumors which are otherwise impossible to reach.

The following extract from a peer-reviewed paper published in 2005 shows how this works:

“The BBB, like cell membranes in general, is subject to solvent-mediated disruption with chemicals such as ethanol, dimethylsulfoxide (DMSO), or detergents such as SDS, or Tween 80 also known as polysorbate-80. There are numerous examples in the literature where the peripheral administration of a drug, which normally should not cross the BBB, is followed by pharmacological activity in the brain. Such an observation could arise because the drug is transported across the BBB via an endogenous transport system. However, an alternative explanation is that the drug is injected in a diluent that is membrane destabilizing, and causes BBB disruption. Often the drug is solubilized in solvents such as ethanol or DMSO, or surfactants such as SDS, a Tween detergent, or other surfactants... Tween 80, also known as polysorbate-80, is frequently administered in CNS [central nervous system] drug formulations.”  
[Emphasis added.]

- The Blood-Brain Barrier: Bottleneck in Brain Drug Development,  
[William M. Pardridge](#), *NeuroRx*, January 2005.

So, many childhood vaccines carry a substance which actually increases substantially the rate at which other ingredients in the vaccine can cross the blood-brain barrier. This is a remarkable and disturbing fact. We already know that, even without the presence of this emulsifier, a certain proportion of the ingredients in a vaccine can reach the brain, which is unsettling in itself, but the addition of a substance that actually enhances this process is inexplicable.



### **11. The toxic load in vaccines is too small to affect the brain**

Not so. The cells in the brain, especially during its delicate developmental phases, are highly sensitive to toxins. There is no such thing as a negligible or insignificant amount. If a toxin is present in any amount, it will always have a disruptive effect. The presence of minute traces of a toxin in a critical part of the brain at a key moment in its development can permanently impair its biochemical function. The degree of impairment may not become noticeable until the child is much older. If we compare the brain to a computer, a small piece of code has been damaged by the toxin and will never self-correct. The computer may still operate, but its overall performance will suffer. This is why we speak of a condition known as ‘autism spectrum disorder’ and not simply ‘autism’. The damage is never uniform but random, unevenly expressed and varying in severity from one child to another.

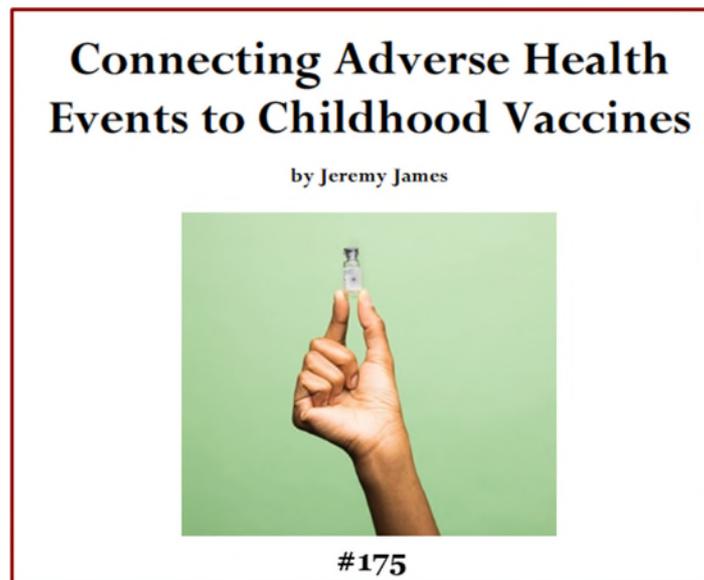


## **12. The body is able to cleanse itself of toxins and foreign substances**

Yes, that's true to some extent. But the toxins found in vaccines are cumulative. The body may be able to get rid of some of this load but not all of it. The next injection brings a fresh load, some of which lodges permanently in the brain. It should also be remembered that the toxins in vaccines bypass the filtering system in our alimentary canal. We could eat a food containing ten times the toxic load found in a vaccine and suffer no ill effect. But when the same toxin goes directly into our bloodstream and crosses the BBB, its impact will be immeasurably greater.

### **'The System' isn't working**

We could go on and list further extenuating assumptions which enable the public to ignore the real risks that accompany the use of childhood vaccines. For example, most parents assume that the pharmaceutical industry "cares" about the health of their children. This is nonsense, of course. The industry "cares" only about profit and market share. Most parents also assume that the industry is accountable in law for the safety of their products. This, too, is nonsense. The industry enjoys complete immunity from prosecution for any damage caused by their vaccines (See our earlier paper, #175).



In addition to all this, many parents think "the system" – the government, health practitioners, medical research scientists, politicians, journalists, and whistle-blowers within the industry – will collectively maintain a watchful eye on the industry and warn us in good time of impending disaster. But this too is just a soothing illusion, as recent events have shown. We offer just two shocking examples of the way the industry abuses the incredible power that it wields, not just in the broad field of medicine, but in cognate areas such as government, the media, and academia.

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## **The Swine Flu Scandal of 1976**

In the early 1970s, the pharmaceutical industry developed a vaccine to protect pigs from swine flu. Unfortunately, after investing heavily in a product which should have proven extremely profitable, they ran into a major problem. A demonstration of its efficacy went badly awry when several pigs collapsed and died soon after receiving the vaccine. The pig breeders absolutely refused to touch the stuff.

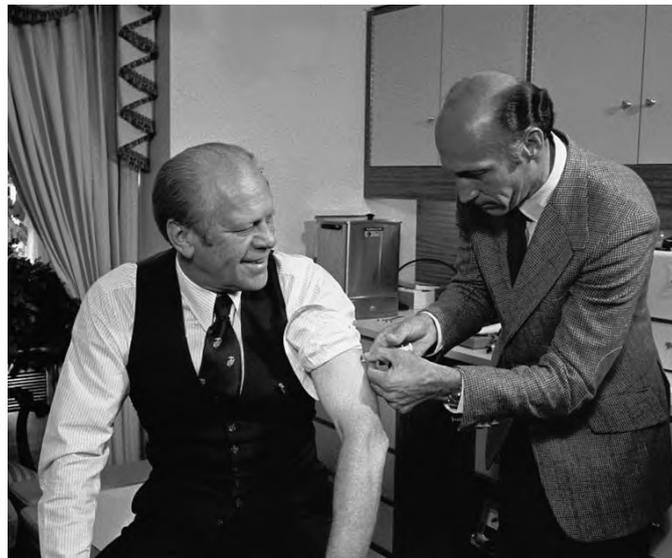
The manufacturers decided to find an alternative market for their stock of redundant vaccine. With the complicity of the CDC and, it would seem, several high-ranking politicians, the American public was warned of an impending outbreak of a dangerous strain of swine flu which could infect humans. According to the official narrative, in January 1976 an outbreak of this alleged disease had caused the death of one person at Fort Dix, an army base in New Jersey, and about a dozen others at the base had to be hospitalized. The public was told that, without a mass vaccination program, up to a million Americans could die of this highly infectious, deadly disease – even though there had never been a single reported case of swine flu in humans in the U.S.



On 15 April 1976, Congress passed Public Law 94-266 which approved \$135 million in public funding to inoculate everyone in America. Within a few months around 45 million people had received the vaccine. Then reports began to come in which indicated that something was seriously wrong with the vaccine. Around 50 recipients had died and a further 500 or so had become seriously ill. Normally the pharmaceutical industry would have found a way to disguise these figures and hide the truth from the public. Thus the program would very likely have continued had the industry not been hit by yet another disaster – an honest scientist and whistle-blower.

The then head of the virology unit at the FDA, Dr Anthony Morris, did something that was entirely without precedent. He went on television and warned the public that the vaccine had never been tested in humans and was almost certainly useless. He would have known this for certain since he himself had conducted research into this particular vaccine and knew its limitations. Anyone who saw him on the Phil Donahue Show knew they were looking at an honest guy who was risking his career in order to warn his fellow Americans.

President Ford allowed himself to be photographed on 14 October receiving his shot of the flu vaccine from the White House physician – see photo. He also went on CBS television to defend the vaccine and promote its benefits. This cynical ploy was designed to restore public confidence in the program, but it made no difference. The cat was out of the bag and the program was officially put on hold on 16 December to allow suspected side-effects to be investigated. It was never restarted.



**President Gerald Ford receiving a swine flu inoculation from his White House physician, Dr. William Lukash on October 14, 1976.**

### **Not one case was reported**

Not one case of human-to-human swine flu infection was reported during this so-called epidemic. Not one. Even the unfortunate fellow at Fort Dix is generally believed to have died of heat-stroke following a lengthy exercise drill.

What happened to Dr Morris? He was fired from his job, his lab was raided, his records were destroyed, and his test animals were put down.

The government had to pay out \$1.7 billion in compensation to the victims of this scandalous program. The manufacturers had to pay nothing since President Ford gave them complete indemnity back in June – just a few weeks after the program had begun and, presumably, when the first reports of serious adverse effects were starting to come in.

The industry also took the canny step of blaming all of the vaccine deaths and injuries on an entirely new disease – Guillain-Barré syndrome, an extremely rare disorder at that time but with symptoms conveniently similar to those exhibited by many of the vaccine victims.

### **The Panic Button**

How did the CDC argue initially that the Fort Dix death was indicative of a potentially deadly strain of swine flu? Easy. They alleged that they had found evidence of the same strain of flu in the Fort Dix case that had caused the deaths of an estimated 50 million people worldwide in the great ‘Spanish’ Flu Epidemic of 1918. That was enough to press the panic button. The public believed the great lie – at least until the deadly side-effects became known and Dr Morris came forward with his honest scientific testimony.



The modern counterparts of the Phil Donahue Show would never allow someone like Dr Morris to get on air. Even if someone of his stature and integrity were to exist somewhere in the pharmaceutical noosphere, he or she would never receive national coverage, or anything close to it. Their voices would be lost among the cacophony of commentators whose endless opinions have made informed public discussion of any serious topic virtually impossible.

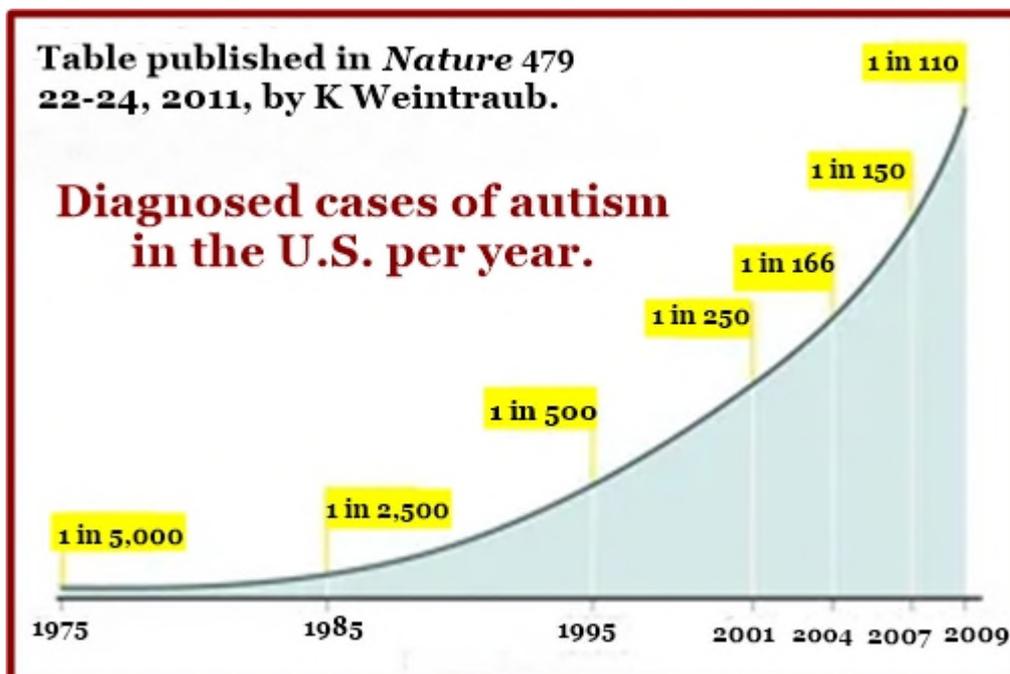
Our second example may seem even more chilling because it proves that the industry is utterly indifferent to any harm it may cause provided it can never be held accountable. And even when it gets caught, it uses its immense influence in the media and in political circles to bluff its way out without a hint of remorse.

## The Simpsonwood Conference

In June, 2000, a secret 2-day conference was held in Norcross, Georgia. It came to be known as the Simpsonwood Conference after the location where it was held. It was convened by the CDC and comprised 52 high-ranking representatives of the CDC, the FDA, the WHO, and the major vaccine manufacturers, including Merck, Wyeth, GlaxoSmithKline, and Aventis. Attendance, naturally, was by invitation only. There was no advance notice of the event or any official acknowledgment that it had taken place. There were no journalists in attendance, nor any representatives of the public interest (apart from the institutions mentioned). Participants were not allowed to take away any copies of documentation made available to them at the conference.

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A few years later Robert Kennedy Jr came to hear about the conference and was able to obtain a record – possibly redacted – of the proceedings through the Freedom of Information Act. He published his findings in *Rolling Stone* magazine and on salon.com in 2005. The latter later retracted the article in 2011 but *Rolling Stone* stood over its report, despite coming under immense pressure from the vaccine industry to retract it on the basis of alleged errors of fact.



**Note the dramatic increase. The figure for 2017 is believed to be 1 in 45.**

The conference had been convened by the CSD to discuss questions of vaccine safety after one of their staff, having analyzed the CDC's massive database, found definitive evidence that the mercury-based preservative used in most childhood vaccines was causing a dramatic increase in autism and other serious neurological disorders in children. Attendees were required, over the two-day period, to consider – not the veracity of the paper or the possibility that its findings might be erroneous – but simply what steps should be taken to prevent knowledge of the catastrophe from becoming more widely known. Once the public became aware that their children had been poisoned, the pharmaceutical companies would face a barrage of law suits that would destroy them financially.



T Verstraeten, the scientist at the CDC who conducted the analysis, said, “I was stunned by what I saw.” Of course he should not have been surprised since numerous reputable studies had already shown that the mercury preservative, known as thimerosal, was linked to many childhood neurological disorders. Everyone in attendance would have known this too. What really shocked them was the existence of hard data, on their own massive database, which demonstrated the fact with startling clarity. Anyone who took the time to analyze the data would quickly reach the same conclusion.

In the transcripts of the event, the head of vaccine safety at the CDC stated with some satisfaction that “given the sensitivity of the information, we have been able to keep it out of the hands of, let’s say, less responsible hands.” The vaccines spokesman from the WHO said, “perhaps this study should not have been done at all.” He was concerned that, if the information got out, it “will be used in other ways beyond the control of this group.”

Three important decisions were taken on foot of the conference, all designed to hide the damage caused by thimerosal in childhood vaccines:

1. The CDC would contract another organization, The Institute of Medicine, to conduct another Verstraten-type study. Its published results would fail to find a link between thimerosal and autism spectrum disorders.
2. The Verstraeten study would not be published and the original data on which it was based would be “lost”.
3. To stymie future attempts by outsiders to conduct a similar study, the giant CDC database of vaccine records would be given to a private company and rendered unavailable for independent research.

The CDC itself is a public body and therefore its database was public property, funded by the taxpayer. It acted illegally by placing the database off-limits. It also acted with scandalous disregard for the public welfare by suppressing the Verstraeten study.

If this account of the Simpsonwood conference and its follow-up is accurate – and we have no reason to doubt it since it is based official sources – then we have to conclude that the vaccine industry is entirely controlled by vested interests, including all aspects of regulation and vaccine safety which ostensibly rest in the public arena. Simpsonwood shows that the CDC is merely a branch of the pharmaceutical industry, as are the FDA and the WHO.

### **Immunization Schedule for Children in the U.S.**

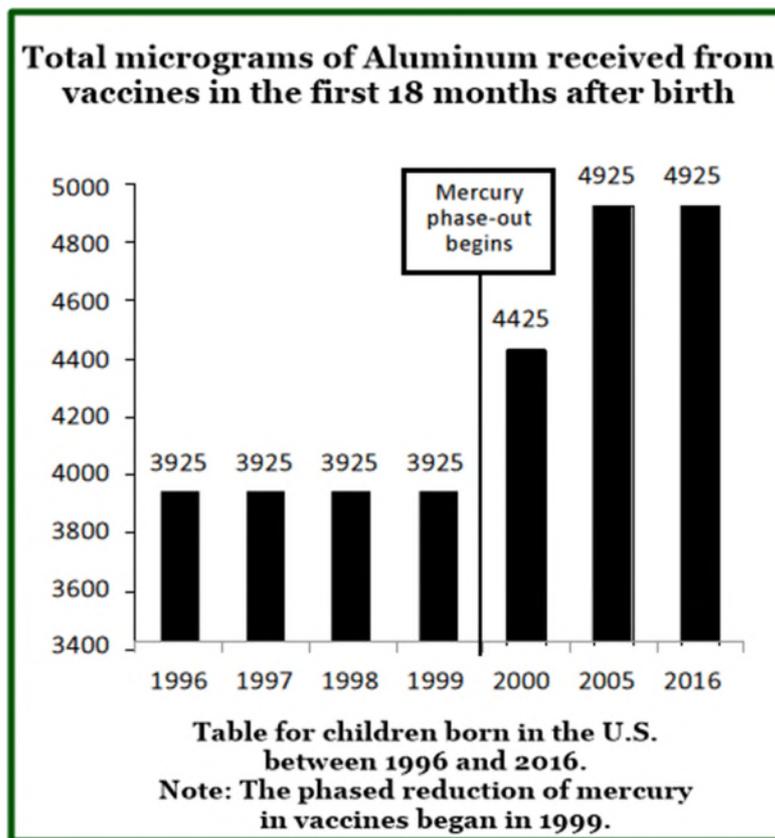
The immunization schedule for children in the United States in their first 18 months after birth is shown in the table below. The aluminum content of this schedule is also shown:

<b>Vaccine</b>	<b>Aluminum content</b>	<b>Vaccine Schedule</b>
Hep B	250 mcg x 3 doses	Birth, 2, 6 months
DTaP	625 mcg x 4 doses	2, 4, 6, 15 months
PCV	125 mcg x 4 doses	2, 4, 6, 12 months
Hib	225 mcg x 3 doses	2, 4, 12 months
Hep A	250 mcg x 2 doses	12, 18 months
TOTAL mcgs	4925 mcg	by age 18 months

Note: A microgram (mcg) is a millionth ( $1 \times 10^{-6}$ ) of a gram.

Of the many disturbing facts in the above table, perhaps the most unsettling is the amount of aluminum given to a two month old child on the same day – **1225 mcg** (This consists of 250 mcg with Hep B, 625 mcg with DTaP, 125 mcg with PCV, and 225 mcg with Hib).

The table above should be compared with the one below. From it we can see that, when the industry was finally forced to phase out the amount of mercury in vaccines given in the first 18 months, it increased the amount of aluminum by 25 percent. This was achieved by adding three doses of a new aluminum-laced vaccine to the childhood immunization schedule in February 2000 (for pneumococcus [Hib]) and two doses of another aluminum-containing vaccine in 2005 (for hepatitis A). This resulted in a substantial increase of aluminum-containing vaccine doses – from 11 to 16 injections – which babies are required to receive by 18 months of age. This was done without a single study to show that the increase in aluminum posed no risk to the welfare of the millions of children affected.



American manufacturers introduced mercury-based vaccines into China in 1999. At that time ASD was virtually unknown in that country. Seven years later, China Central Television reported that at least 400,000 Chinese children were suffering from autism.

The British Medical Association formally banned doctors from giving separate vaccinations for measles, mumps and rubella. Doctors who oppose the ban risk losing their license to practice. One doctor who tried to offer the single vaccine alternative was called before a disciplinary hearing of the General Medical Council in 2001 which could have ended his career. However, he received such immense support from his patients that the GMC had to relent. His case was attracting too much attention in the media and the establishment couldn't risk making an example of him. However, the mere fact that a medical professional could be bullied and maligned in this way was proof that patient safety and peace of mind – which are central to good medical practice – are scorned as neurotic distractions by the vaccine industry.

## **The Controlled Opposition**

The architects behind the New World Order have made extensive use of a technique known as 'the controlled opposition'. They know that some of their plans will be resisted by the generality of the population and that this resistance could coalesce in many instances into organized opposition. Rather than allow these groups to develop independently, with the many uncertainties that this would entail, they set up the respective groups themselves and run them covertly. While to outsiders these groups may appear to be legitimate, and may even score a political goal from time to time, they are kept in check by well-placed agents who never allow them to reach their full potential.



Given the importance of the vaccine agenda to the NWO there is no doubt that it, too, has its controlled opposition. There are probably several organizations in this category, but we will cite two: the Dwoskin Family Foundation and the Selz Foundation. Until recently, the former has been funded entirely by Albert and Claire Dwoskin of McLean, Virginia. They are closely associated with the Democratic Party and both Bill Clinton and Hillary Clinton have attended high-profile fundraisers in their home.

Albert Dwoskin has close ties with George Soros and is chairman of a left-wing advocacy and agitation group based in Washington DC.

The Foundation is a contributor to the Institute for New Economic Thinking, a liberal economic think-tank founded by George Soros to promote left-wing economic theories. It also contributes most of the funding for the Children's Medical Safety Research Institute (CMSRI). The CMSRI is probably the principal source worldwide for funds to conduct research into the safety of children's vaccines. Most of the anti-vaccine literature is based on research funded by the Institute. Names that crop up regularly in articles calling for a moratorium on vaccines – such as Dr Yehuda Shoenfeld, Dr Christopher Shaw, Dr Christopher Exley, Dr Lucija Tomljenovic, Dr Stephanie Seneff, Dr A Geier, and Dr M Geier – are all funded by the CMSRI. These scientists also have something in common: Their research is regularly cited for its methodological inadequacy and its contravention of accepted norms of medical research. For this reason most medical professionals do not place much credence in their findings, even though, to the layman, it may seem fairly convincing.

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Recent estimates in the United States show that about one in six, or about 17%, of children aged 3 through 17 years have a one or more developmental disabilities.<sup>1</sup> Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.<sup>2</sup>

Source: <https://www.cdc.gov/ncbddd/developmentaldisabilities/about.html>

Let's look at just one example, a paper published in the *Journal of Trace Elements in Medicine and Biology* in November 2017, under the title: Aluminium in brain tissue in autism. The paper was authored by Dr Exley and three others. In it they say:

“Hitherto there are no previous reports of aluminium in brain tissue from donors who died with a diagnosis of ASD. We have measured aluminium in brain tissue in autism and identified the location of aluminium in these tissues.” In their conclusions they state: “We have made the first measurements of aluminium in brain tissue in ASD and we have shown that the brain aluminium content is extraordinarily high. We have identified aluminium in brain tissue as both extracellular and intracellular with the latter involving both neurones and non-neuronal cells. The presence of aluminium in inflammatory cells in the meninges, vasculature, grey and white matter is a standout observation and could implicate aluminium in the aetiology of ASD [Autism Spectrum Disorder].”

To most observers this would count as a major finding. Terms like “extraordinarily high” and “standout observation” are certainly eye-catching. Their paper even includes impressive photos obtained using aluminium-selective fluorescence microscopy in which aluminum deposits are clearly identified.

Alas, their study is virtually worthless since it does not include a control group. In order to draw any conclusion about the presence of aluminum in the brains of persons who died of ASD, it would be necessary to conduct exactly the same analysis on the brain tissue of persons who died from another cause not linked to brain function. The two sets of results could then be compared and analyzed with a view to determining whether the differences were both consistent and significant. Ideally, the study would be carried out in the form of a blind trial, where the scientists themselves didn’t know which tissues came from the ASD patients.



Unlike the Exley study, a study conducted in this way, with appropriate controls, would be seen as valuable by the scientific community. So why didn’t the CMSRI fund such a study? Why, indeed.

When the VAERS database was made unavailable to open research, successful attempts were made to gain access to it through the Freedom of Information Act. However, this route seems to have been used predominantly by researchers on the CMSRI panel, notably Dr Stephanie Seneff, Dr A Geier, and Dr M Geier. Some of their work was co-funded by the Selz Foundation. However, it takes a close familiarity with the VAERS database to use it correctly. A lot of unwarranted conclusions can be drawn by someone who doesn't appreciate the limitations of data stored on the database.

According to Wikipedia, Dr M Geier's medical license has been suspended or revoked in every state in which he was licensed. It went on to say that, "Geier's scientific work has also been criticized; when the Institute of Medicine reviewed vaccine safety in 2004, it dismissed Geier's work as seriously flawed, "uninterpretable", and marred by an incorrect use of scientific terms. The American Academy of Pediatrics criticized one of Geier's studies, which claimed to find a link between vaccines and autism, stating that it contained "numerous conceptual and scientific flaws, omissions of fact, inaccuracies, and misstatements." In January 2007, a paper by the Geiers was retracted by the journal *Autoimmunity Reviews*."

## **CONCLUSIONS**

The average person has great difficulty dealing with the concept of evil. They have forgotten the Word of God – which tells us that evil is continually at work in this world – and they have forgotten the advice that Jesus gave to each one of us, namely to be as wise as serpents and as harmless as doves.

The big corporations and banking cartels that control this world are run by men who hate Christianity. They are working together to create a new social order where the Word of God and any vestige of Biblical truth have been completely eliminated. If Christians were as wise as serpents – as they ought to be – they would see this. Alas the vast majority are harmless doves who haven't a clue.

To create their new system of social control the schemers must transform the United States into a Soviet-style colony where all activities are regulated by the state and dissent is punished by death or imprisonment. This has always been the goal of Marxism. Both Communist China and Communist Russia were established by the Elite to take over the running of the world after the U.S. has been brought to its knees.

The masterminds behind Marxism are extremely cunning and adept at causing destruction by stealth. We are witnessing the gradual collapse of American industry, a precipitous fall in living standards, an educational system that is clearly failing, a sharp decline in moral standards, and the inexorable decay of urban infrastructure. All of this comes from the Marxist game plan, polished and refined over a century of infiltration and subversion, where the target nation is "softened up" before the hot war begins. Why fight strong, healthy people when you can fight a nation crippled by "developmental disabilities"?

When we ask obvious questions – Why is the health of our children being impaired in this way? Are vaccines safe? Can we trust big corporations with the nation’s health? – we are shouted down and dismissed as cranks. But these questions need to be asked and our political leaders need to answer them. Alas, since the answers to date have been lame and evasive, even downright deceitful at times, parents should really ask themselves whether they are wise to trade a minor risk – the possibility that their child may contract a routine or treatable childhood illness – for a major risk, the permanent impairment of some aspect of their brain function. For ASD, the risk is now 1 in 37 for a boy, while the risk of acquiring a developmental disability is a staggering 1 in 6. And the trend is getting worse.

### **Why are they so determined to impose mandatory vaccinations?**

Before we close we should ask ourselves why our government and the pharmaceutical industry are determined to inject vaccines into our kids, even if this means making them mandatory? No vaccine, no school (Look at California). Maybe financial penalties will be added later to the list of coercive options. After all, if they are killing our kids via abortion, poisoning their food with pesticides and GMOs, wrecking their education with mind-deadening curricula, filling their screens with pornography, making the cost of their basic medical care prohibitive, legalizing cannabis, promoting gender confusion and sexual perversion, and attacking traditional family values from every possible angle, do you still believe they care about the well-being of your children?

Be sensible and weigh the evidence. We do not have a daysman, akin to the one sought by Job, to carry out this task on our behalf. Nor is one likely to emerge.

If, having done so, you still have the courage and the stamina to look a little further down the road, you may ask yourself whether the vaccine industry will be used at some stage in the future by persons unknown to inject debilitating or sterilizing drugs into an entire population? As we state in the title to this paper, vaccines are the perfect vector for mass infection. They may not use it, but they seem determined to retain it as an option.

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