

The Council of Foreign Relations Enters the Vaccine Biz. Desperate Attempts to Salvage a Corrupt Science with Sound-bites

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Progressive Radio Network, December 23, 2009

The closure of 2009 marks a unique moment in the history of America's healthcare and national health policies. First we were told that a pandemic of swine flu was upon us, which would make us all susceptible to a ravishing tide of medical complications and death. We were told pregnant women, young children and senior citizens should be first in line to receive the H1N1 vaccine, although no studies provided credible evidence of either the vaccine's efficacy or safety for these groups. We were also persuaded repeatedly by the CDC and the media to place our faith in the heroic attempts of the vaccine industrial complex, our federal health officials and the Obama administration to bring these vaccines to market as quickly as possible. In our state of New York, both the swine flu and seasonal flu vaccines were made mandatory to tens of thousands of healthcare workers. Indeed, as a nation, we rose to the occasion. One of the most prolific and expensive public health initiatives in American history was undertaken, and every major media outlet daily encouraged people to get vaccinated. So far, so good.

Then something odd happened. Physicians, scientists and journalists began to ask fundamental questions. What if the pro-vaccine advocates, the World Health Organization (WHO) and government authorities at the CDC, FDA and HHS are wrong? What hard proof is there that it was a pandemic? And what might happen if the H1N1 vaccine has not been tested thoroughly under sound, scientific protocol by the vaccine makers? Reports started to drift in from Australia, New Zealand and South America from the middle to the end of their flu season. Their data provided evidence that there was no pandemic in the southern hemisphere. In fact, the H1N1 flu virus was milder than their normal seasonal flues. That led to a more fundamental challenge to the universally accepted truth by the medical orthodoxy that vaccines are effective and safe. Once the investigational process was underway, dozens and then hundreds of learned voices from responsible scientists, journalists and activists began a pushback, a counter argument that not only were the H1N1 flu and seasonal flu vaccines not shown to be effective and safe by any reliable gold standard, but rather suspicions arose that the H1N1 scare was an intentionally designed hoax. Numerous articles and critiques appeared to deconstruct the influenza vaccine myths, parceling them into fragments of delusional data that had been paraded as dogma by the government and media.

The sad part of the story, with a few notable exceptions such as Sharry Attkinsson's CBS investigative report, is that the major media refused and continues to refuse to report about this. Instead, a counter-campaign has been launched that posits that anyone who questions the efficacy and safety of vaccines is irresponsible. People have been brought forth from the CDC, FDA, pharmaceutically funded think tanks, and researchers and university professors, many of whom receive consultant fees from vaccine makers, to convince the public in the political correctness of the vaccine hypothesis. Moreover, as the *New York Times* reports, our government's entire vaccine advisory committee has for years been stacked with medical lackeys invested heavily in the private vaccine industry through a variety of conflicting affiliations.

Later during the autumn months another turn of events occurred. Demonstrations in Albany, New York, with over a thousand healthcare workers, concerned parents and physicians at the steps of the capitol brought forth documentation and testimonials showing the New York health officials and policy makers were wrong about the efficacy and safety of the swine flu vaccine. Articles and commentaries challenging the vaccines filled thousands of blogs and websites. The activists were working together, each was filling in pieces of the puzzle. Countless emails and phone calls flooded the governor's and health commissioner's offices. Finally New York State blinked. Citing the excuse of a shortage in flu vaccines, state officials rescinded their mandatory vaccine requirement.

We are now at a critical turn of events when citizens are being exposed to the alternative science to vaccines. Adults and parents, not just in the US, but throughout the developed world, are not just saying no to the swine flu vaccine, but to all vaccines in general. Consequently, the vaccine industry and its supporters are starting their counter-charge. This strategy is perhaps best observed in a recent *Newsweek* article to denounce vaccine critics. This shrill piece of yellow journalism, which we will deconstruct below, turned *Newsweek* into a national platform for the vaccine industrial complex to salvage what remaining credible evidence there is to validate vaccine campaigns.

Much of contemporary pharmaceutical science and its supporting policies are built upon myths masquerading as facts. Hitler's close confidant in charge of the Nazi propaganda machine, Joseph Goebbels stated, "If you tell a lie long enough eventually it will be believed as truth, and the greater the lie, the more people will believe it." After eight years of lies about Iraq's weapons of mass destruction and Sadaam's involvement in 9/11, and now the false economic recovery being promulgated by bankers in the Treasury and Fed, Americans are becoming accustomed to the truth behind Goebbels' marketing schemes. And there is perhaps no other area of so-called scientific progress that has relied more on deceptive research and a distortion of facts and statistics than in modern medicine's religious belief in vaccines as a miracle to protect the world's population from infectious diseases. The fabrication, cherry picking and blatant corruption behind the vaccine research relied upon by the medical health complex to further its campaigns and launch inquisitorial assaults on the hundreds of thousands of families with children who have been injured by vaccination and the voices of reason who demand that government settle the heated debates concerning vaccine safety and efficacy with sound science has turned into a media war. And now even the Council of Foreign Relations (CFR) has publicly come to the defense of the vaccine manufacturers. This undoubtedly raises the question, why in the world is the CFR getting involved in the vaccine biz?

The CFR, co-chaired by Robert Rubin from the 2008-2010 Great Recession fame, has a strong interest in promoting Rockefeller's global health program to usurp the sovereignty of individual countries' national health policies. Besides the CFR's commitment to the WHO's global health agenda, among the Council's corporate members are three of the five largest pharmaceutical companies, each a major force in the vaccine industry: GlaxoSmithKline, Merck and Pfizer. GlaxoSmithKline is now on the ropes after its swine flu vaccine had been found responsible for dozens of deaths in Canada and Mexico with additional untold numbers suffering from further injuries[[1](#)]

In mid-October of 2009, the CFR convened an extended symposium moderated by CFR Senior Fellow for Global Health, Laurie Garrett, entitled "Pandemic Influenza: Science, Economics and Foreign Policy." The subtitle reflects what may appear to be an incongruent chain for addressing infectious pandemics. But it can be better appreciated when we realize the Council combines terrorism, nuclear weapon proliferation and infectious diseases under one of its strategic global divisions, "countering transnational threats." Moreover, the CFR is the perfect incubator for forging alliances between large multinational corporations and governmental and multilateral agencies, such as the WHO. After their public relations are swept away from public view, this remains the CFR's ultimate mission. In an interview with British epidemiologist Dr. Tom Jefferson from the prestigious Cochrane Database Collaboration in Rome, he worried about the close alliance between the WHO and vaccine executives who compulsively predict erroneous "apocalyptic forecasts" during every flu season. He noted that there exists a mysterious "swine flu committee of 12 who apparently advises the WHO Director General."² The great accommodator for such collaborations and strategic planning is none other than the CFR.

During a question and answer period, Tom Wilson, a self-proclaimed freelance hunter against AIDS dissidents and now scientists, researchers and public interest groups challenging vaccines, called those who refuse vaccination "crazies." Wilson recommended the pro-vaccine community create and launch clear sound-bites to denounce anti-vaccine advocates and organizations in order to convince people to be vaccinated. This summarizes quite well the content of Laurie Garrett's article, "The Long Term Evidence for Vaccines," subsequently appearing in the December 7th issue of *Newsweek*. The article is a litany of sound-bites, void of substantiating scientific references to support its statements, which the reader is expected to accept faithfully. There is not a single instance where Garrett mentions even a slight possibility that a vaccine might perhaps contribute to any one of a number of growing health epidemics in American children: asthma, compromised immune systems, neuro-degenerative disorders such as autism, cancers, diabetes, gastrointestinal complications, etc. In Garrett's universe, vaccines are sacred. They are divine gifts of human ingenuity to protect the world's population; therefore nothing sacred can be flawed because the CFR and the World Health Organization take humanity's best interests and vital health to heart. Or so the legend goes.

We may never know the full extent to which the CFR has acted behind the scenes to influence governments' and the World Health Organization's lies about a swine flu pandemic and the false figures of H1N1 infection and morbidity, nor whatever role it may have played in creating strategies to induce public fear as a means to enforce flu vaccination. Yet during the CFR's symposium as the US embarked on its herd inoculation of the American public with a potentially unsafe, fast-tracked H1N1 vaccine, questions were raised about how to best counterattack the citizenry's increasing disregard for health officials' warnings and the media's pro-vaccine assurances. The discussions included the idea of creating "an artificial shortage of the vaccine" because "that should cause people to want to get it." A respondent noted, much to the pleasure of the audience, that that had been tried "before with the flu vaccine and people lined up all night to get it." Was it just coincidence that this is what was to follow? It is not completely unreasonable to suspect the CFR has a role in steering some of the Obama administration's health policies. His cabinet is packed with CFR members, and his first selection for General Surgeon, Dr. Sanjay Gupta, is not only a member of the CFR but an unquestioning supporter of vaccination's war on public health. Even amidst the healthcare bill debate, there is clear evidence the CFR is representing its strong alliances with Big Pharma's financial interests. Only days before the vote in the Senate, an article appeared by CFR staff member Toni Johnson, "Generic Drugs: The Other Drug War," which categorically denounced more affordable generic and imported drugs as being a direct threat to the financial growth and well-being of the pharmaceutical industry.

Garrett calls her vaccines “precious.” We could not help but think of the seemingly lost and meandering Golem in Tolkein’s Ring Trilogy searching for an object that he was never meant to possess. Such is the history of vaccine efficacy and safety, a quest for a magic bullet to save humanity from infectious diseases. One can twist, turn and trump up the truth of vaccine efficacy and safety all one wishes, but still the statistics, which the pro-vaccine community continuously distorts through sound-bites, show that vaccines have done little to decrease rates of infections.

According to mortality figures from the British Office of National Statistics, measles and pertussis (whooping cough) began their rapid decline at the end of the nineteenth century. Both were down 99 percent from 1838 to the year the vaccines were introduced (pertussis in 1950 and measles in 1968). There is another example of an infectious disease that was far more deadly than smallpox that never had a widely accepted vaccine and yet eventually fell into obscurity. During the nineteenth century, scarlet fever was responsible for more deaths than measles, pertussis and smallpox. An ineffective vaccine was created in 1924 but disappeared after the introduction of penicillin.[2] What is important in the example of scarlet fever is that infectious diseases declined not because of vaccine miracles, but because of many other factors including improved health, cleaner water and sanitation, public utilities, better living and working conditions, improved nutrition and other medical advancements. This is the same for just about every infectious disease during the first half of the twentieth century that was already in rapid decline before the advent of their respective vaccines.

Garrett’s vision of a world dominated vaccine dystopia is truly amazing. She is correct to sound-bite a potential relationship between prenatal and infant exposure to influenza and a sharp increase in later cognitive disorders, including schizophrenia. Yet her quip only presents an image of a glass half full. What is missing is another body of research showing that the flu vaccine elevates inflammatory cytokines in the mother’s maternal and infant’s fetal immune systems, especially IL-1 beta and IL-6, similar to infection by a wild virus. Both of these cytokines have been associated with abnormal brain development, including schizophrenia. Furthermore, IL-1 beta increases are not limited to flu infection or the flu vaccine, but also to hepatitis B, a vaccine that is given immediately after birth frequently when a new born’s brain is most vulnerable to viral and contaminant toxicity.[3]

Perhaps one of the earlier studies Garrett is referring to as evidence of an influenza-schizophrenia relationship is a 2004 study at Columbia University (the co-author of Garrett’s *Newsweek* article, Dana March, is a doctoral student also at Columbia). What is not mentioned in the *Newsweek* article is that Dr. Alan S. Brown, the head researcher of the study, also stated, “it’s possible that vaccination during pregnancy could have a harmful effect.” This leaves pregnant moms at the roulette wheel. Are your odds better against catching a wild flu virus, or submitting willfully to the syringe? Dr. Brown recommends that pregnant women only receive the flu vaccine after delivery in order to minimize the risk of the child developing schizophrenia.[4] Later studies, however, suggest that a genetic or an “additional environmental factor” associated with schizophrenia may be necessary for a fetal brain to be vulnerable to influenza’s effects.[5] While it would be negligent to deny possible psychotic complications due to wild flu infection—so far only associated with Type B flu strains—this should not discount similar dangers when influenza is being introduced via vaccination.

Garrett wants us to believe that “the still developing immune system of babies and infants is ripe for the vaccine-induced programming that can confer decades—in some cases, lifelong —protection.” Contrary to her beliefs, citizens should be reminded that no vaccination has ever been proven to provide lifelong immunity for any infectious disease. This is one reason why outbreaks of these same infectious pathogens are reappearing. Rather vaccines are being shown to provide much less protection than what is touted by journalists on behalf of Big Pharma and Big Government.

For example, in this December 1st issue of the *Jewish Weekly*, a mumps outbreak occurred at a summer camp attended by many of New York City’s Jewish youth. What alarmed the article’s author was that 83 percent of the children infected were fully vaccinated against mumps.[6] Not only in the industrial world are vaccines being shown ineffective. In the Kimberly region of Western Australia, there was a major mumps outbreak among the Aboriginal people. According to West Australia’s Infectious Disease Database, 67 percent of those infected had received a single shot while 52 percent were fully vaccinated.[7] Even a recent study conducted by the CDC has raised serious questions whether the mumps vaccine in the MMR is still effective[8] and earlier studies in Denmark before the introduction of the MMR vaccine determined through ELISA testing that 90 percent of Danish children before 15 years had natural antibodies to mumps, and 98 percent of all 9 year olds had IgG antibodies to measles.[9] Similar statistics have been reported in recent outbreaks of whooping cough (pertussis) where many of those infected were fully vaccinated. Therefore, how much of a miracle has the MMR really played in reducing infection from these pathogens?

As innocent as they may appear on the surface, sound-bites are dangerous weapons of mind manipulation for a population unfamiliar with the background and knowledge in the pros and cons of the subject being propagated. Garrett restates a familiar indictment commonly found in subversive political marketing, “The unimmunized few are a threat to all, as they may harbor viruses and pass them onto others whose vaccine-induced immunity is waning due to HIV, cancer or simply the passing of time.” It is a repeat of the Bush rhetoric of being either for or against us. The truth is, if vaccines are in fact effectively protective then only unvaccinated persons would be placing themselves at risk. But this kind of common sense logic has no role in vaccine propaganda.

But let us look at the question of cancer and HIV since Garrett finds a need to raise it. As we reported elsewhere, based on transcripts from a couple of high level vaccine inquiries involving the WHO, CDC, FDA, British health ministry and vaccine makers. we find all these parties know very well that the vaccines administered by doctors and clinicians are highly contaminated with known and unknown disease-causing genetic fragments and viral agents. These include carcinogenic prions, oncogenes, and many viral fragments such as avian leukemia virus (ALV). Vaccines that require culturing of animal tissues—especially the influenza and measles vaccines—to produce the targeted virus are still too primitive to filter out these many unwanted contaminants that have yet to be studied in order to determine their long-term consequence on vaccinated people. In fact, according to an article published by Canada’s Vaccine Risk Awareness Network, “Serious Questions Regarding the Safety and Efficacy of the Influenza Vaccine,” there are reports that some studies, and even some vaccine package inserts, “indicate that vaccinations increase HIV viral replication.”[10] Nevertheless, the participants at these meetings decided to keep these warnings away from the public until the day arises when further research into the carcinogenic and autoimmune risks from these genetic contaminants are more fully researched.

It is our opinion that Garrett has been unduly selective in her choice of information given the thousands of peer-reviewed studies showing vaccines' dangerous side effects. Having personally interviewed hundreds of parents of autistic children, they all share a familiar story: their children were developing normally until they received a particular or series of vaccines followed by severe reactions leading to a diagnosis of ASD. I am concerned when propaganda journalists refuse to acknowledge the true face of the dark side of vaccines. It is for that reason that hit-journalists are so valuable to health officials and drug executives and are repeatedly called upon to bombard our brains with junk science.

Garrett is eager to go on the offensive against what she calls Dr. Andrew Wakefield's "thoroughly refuted evidence" for a link between vaccines and autism. No Ms. Garrett, Wakefield's studies have not been thoroughly refuted. In fact, we spent over six months investigating the charges against Dr. Wakefield. From our original investigation, not only is Dr. Wakefield innocent of all charges but he is to be commended for having the courage to stand up against the entire power and might of the pharmaceutical industrial complex. In addition, his findings have been further substantiated by later independent research, most notably by researchers at New York University, New Jersey Medical School, and Utah State University.[11] It would be wise for Garrett and her colleagues to catch up on twenty-first century medical research that is amassing evidence to support a molecular relationship between the gut and the brain. And here the role of vaccination's aggravation of inflammatory activities related to cytokines again becomes an important yet all too often neglected factor.

What is surprising to us is the long legacy of white collar crime committed by pharmaceutical and vaccine companies, especially the three large pharmaceutical firms in the Council of Foreign Relations' who have accumulated many years civil lawsuits, medical cover-ups on adverse drug effects, falsification of medical data, and a trail of pseudo-scientific nonsense to expedite their revenues from drug and vaccine sales. Therefore we would ask Garrett to investigate the pharmaceutical companies in the CFR that have been found guilty of multiple offenses, and have her ask herself whether she has a problem supporting their interests and profits.

The CFR symposium concluded in favor of mandatory vaccination, such as the recent attempts in Massachusetts and New York. By making reference to the military's mandatory vaccination requirement, Garrett notes her support in denying medical freedom of choice. Unknowingly, here she leaves herself most vulnerable for sharp rebuttal. The military is the only entity in the US where the majority of vaccinations are mandatory, and military families have a long record of being loyal to the military's health regimens. Given that military personnel and their families are the most heavily vaccinated group in the US, one would expect to find rates of ASD and neuro-degenerative disorders at the national average if vaccines are not a causal factor. However, the rate of ASD is much higher in active duty military families compared to the general population. It is now approximately 1 in 67 according to the calculations of Angela Warren.[12] The military's own health officials suspect vaccine mercury as one possible cause, but more likely it may be the ever-increasing number of vaccines being administered simultaneously or in short duration. Since the Department of Defense is not obliged to serve any lordships in the pharmaceutical industry, the Armed Forces Institute of Pathology acknowledges that exposure to vaccine mercury "in utero and children may cause mild to severe mental retardation and mild to severe motor coordination impairment." According to Dr. Frank Anders, former Command Surgeon of the US Army Special Operations Command in Africa, "the power and money these pharmaceutical companies wield [on the FDA and CDC] is awesome." [13]

The pro-vaccine contingent prefers to focus on individual vaccines while ignoring the common practice in pediatric clinics of administering multiple vaccines during a single visit. However, there is every indication that the biological and chemical slurry injected into a child's blood stream during his first five years of life can create a "cytokine storm," a hyper-reaction of a healthy immune system resulting in an abnormal outburst of inflammatory molecules (cytokines, oxygen free radicals, tumor necrosis factor and coagulation factors) that severely compromise the child's immunological defenses.

Research conducted into the health risks of environmental methylmercury is far greater than that which has been performed on the ethylmercury or thimerosal used in vaccines. Following a three year investigation into the vaccine-autism controversy, including testimonials from many of the nation's leading experts in neuroscience and toxicology, the Congressional Subcommittee on Human Rights and Wellness came to the conclusion that decades of evidence proving methylmercury's toxicity on the brain should be equally applied to thimerosal.[14] Federal health officials have been criminally negligent in looking at the thimerosal-autism connection, aside from relying on disputable and fallible cohort and epidemiological studies as a means to cover their backs. Data from these kinds of studies provide valuable fodder for pro-vaccine campaigns and have been shown to be an effective way to avoid paying vaccine injury compensation to parents with permanently damaged children.

The pro-vaccine agencies are very satisfied to sponsor, fund and propagandize cohort studies to discredit any one of hundreds of various adverse effects that have been associated with one or more vaccines. Cohort studies are relatively cheap to perform, provide instant results, and do not involve real clinical science to observe and measure actual biomolecular activity in the subjects. A good analogy would be vaccination cohort studies are to gold standard methodology as astrology is to astro-physical observation with the Hubble telescope. The medical literature is absolutely riddled with this kind of inaccurate science and Garrett and the rulers she represents at the CFR, the vaccine makers and our health officials, are all too happy that she rely on crap data of cohort and epidemiological calculations to sustain the vaccine miracle myth. It basically boils down to if you fear the results of undertaking a gold standard clinical trial, then resort to a cohort study.

There are important lessons to be learned from the extremely well-documented Minamata disaster in Japan several decades ago when methylmercury poisoning was responsible for over 1700 deaths and many of the very same diseases and conditions that Garrett attributes to wild viral infections among non-vaccinated people. These include cerebral palsy, low birth weight, encephalitis and microcephaly, profound developmental delays, deafness and blindness. Prof. Dan Agin, an emeritus faculty member in genetic biology at the University of Chicago noted a curious finding that our health officials should be funding critical studies without delay. The Minamata mothers of the children with these horrendous medical conditions "showed no symptoms of methylmercury poisoning and no methylmercury was detected in their blood." This is a similar argument used by the deniers of an autism-vaccine relationship in order to legitimize thimerosal's continued use in vaccines. However, Prof. Agin continues, "Only later was it discovered that during prenatal development the placenta sequesters any methylmercury in maternal blood and passes it directly to the fetus. The astounding fact is that a developing fetus can have a high concentration of methylmercury without it being detectable in maternal blood." [15] In other words, while a mother may be in perfect health without any signs of toxicity from mercury-laced vaccines, the infant in her womb may be relentlessly poisoned and develop severe neurological damage later in life.

Recently, four groundbreaking studies have been published that should give us all a moment's pause before rushing our kids out the door to their next vaccination appointment.

First, this past October, Harvard University released its National Children's Survey Report noting that ASD rates have jumped to 1 in 91 children, a dramatic increase from previous figures of 1 in 120/150 ratio. Pissing away millions of dollars to find a genetic cause for such a dramatic increase will never be found. While Harvard's new figures could be used by pro-vaccine advocates to try to convince us that this shows vaccine mercury cannot contribute to ASD, because thimerosal amounts have been reduced and/or eliminated in some vaccines, two other studies coming out of the University of Pittsburgh bring this new ASD ratio into clearer perspective.

A 2009 study published in the peer-reviewed journal *NeuroToxicology* discovered that hepatitis B vaccine with thimerosal, when given to primates according to the CDC's childhood vaccine schedule and adjusted to the animals' weight, resulted in all the vaccinated primates developing critical brain delays corresponding to their brainstems.[16] The second Pittsburgh study compared macaque primates submitted to the vaccine series in the US recommended immunization schedule, including the MMR vaccine, with unvaccinated animals. The vaccinated animals showed "significant neurodevelopmental deficits" similar to children with regressive autism. Furthermore, the vaccine-damaged animals exhibited chronic inflammation and variations in their gastrointestinal gene expression. This study provides additional support to Dr. Wakefield's thesis of a gastrointestinal-brain connection aggravated by the MMR vaccine in autistic children.[17]

Finally it should be noted that the CDC has never commissioned nor funded a survey to look at the rates of autism among unvaccinated populations. Well, this survey has now been performed with some frightening results. The independent non-profit group Generation Rescue in collaboration with the notable opinion poll organization, SurveyUSA, completed a survey of 11,817 households, representing over 17,600 children to compare the rates of various neurological disorders, as well as asthma and childhood diabetes in vaccinated and unvaccinated children. For all vaccinated boys from 4-17 years, there were increases of 155 percent for neurological disorders, 224 percent for ADHD, and 61 percent for autism among the vaccinated. For all boys and girls, there was a 120 percent increase in asthma among those vaccinated.[18]

Garrett also lists other illnesses and diseases that she claims vaccines will protect children from, including: cerebral palsy from chickenpox and pertussis; small brains and hearts from rubella infection; deafness, blindness and optic nerve damage from chickenpox, measles, mumps, pertussis and rubella; and later adult cardiovascular disease from influenza. Garrett makes no mention of any studies to confirm these claims; but then, if there were they would no longer be sound-bites.

There was once a time when vaccine research held integrity and sincerely strived to be honest, legitimate scientific inquiries into the causes of disease, infections and the effectiveness and safety of drugs and vaccines to protect us. It was also a time when the most prestigious medical journals such as *The Lancet*, the *New England Journal of Medicine*, and the *Journal of the American Medical Association* were not afraid to publish strong, unbiased studies that challenged the day's medical orthodoxy. Those days may be over now that Big Pharma dictates what will, can and should be printed in medical literature.

If we glance back upon the medical studies during those forgotten days before university departments and professional scientists became subverted to the persuasion and money of Big Pharma, we uncover a rich body of research showing that independent vaccine research, without corporate conflicts of interest, were almost prophetic in their selection of conditions to investigate. We find studies showing measles, mumps, rubella, tetanus and polio vaccines causing deafness, cardiovascular disease from the flu shot, encephalitis and meningitis from just about every vaccine at the time. Hepatitis B vaccine was shown to cause cerebral palsy and nerve atrophy and blindness due the MMR vaccination. Anyone who wishes to mine this well-documented body of literature will discover numerous studies associating vaccines as causal agents for not only the conditions listed by Garrett but also leukemia, chromosomal mutation, demyelination of the nervous system, fontanel swelling, neurological damage, diabetes, and the development of the very same infections the vaccines are meant to prevent. A bibliography of these studies would fill hundreds of pages.

One important example of this kind of inquiry that has been totally ignored for almost fifteen years but now urgently needs to be revisited is the relationship between vaccination and diabetes.

During the past ten years, the rates of diabetes have nearly doubled and are now estimated to affect nine in every hundred Americans. Forty-five percent of new cases are children, and for the first time we are witnessing a dramatic rise in adult Type 2 diabetes in kids. Again, as with ASD, sole genetic causes will never account for such rapid increases. Nevertheless, earlier peer-reviewed studies have noted Type 1 diabetes as an adverse effect of mumps[19] , smallpox, and hepatitis B[20] vaccinations.

Finally, *Newsweek* should not be left off the hook but rather reprimanded for in our opinion one of the most biased, pro-vaccine industry articles we have ever read. How could this have slipped past its editors? By publishing Garrett's piece, the magazine has voted on the side of the vaccine industrial complex and to hell with the rest of this. It would be inexcusable except for the fact that it is no accident Garrett's article should appear in *Newsweek*. Is it a coincidence that two of *Newsweek*'s largest advertisers in its health section are Merck and Pfizer, the very same CFR corporate members noted above.

A year ago the majority of Americans and healthcare workers, including physicians, in the US and around the world supported vaccination. Today, according to all polls, those numbers are dwindling rapidly. There is also a popular growing reluctance to accept health officials' vaccine efficacy and safety rhetoric. Now that the flu season is coming to an end, and the truth of the actual number of flu deaths has been grossly overstated, and more respected critics sharing their truth with others, we will see that next season an even larger number of Americans will be questioning the pseudo-science behind vaccination.

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