

MASTERS OF HEALTH



**Protecting Children
& Farm Workers
ZEN HONEYCUTT**

**Can You Eat to
Burn Fat?
MARK HYMAN, M.D**

**Sunlight & Vitamin D:
They're NOT
the Same Thing
STEPHANIE SENEFF, Ph.D**

**CREATING
A 'GLOBAL
PANDEMIC'**

**JUDY
WILYMAN, Ph.D**

WE ARE NOT VICTIMS OF OUR GENETICS. WE ARE MASTERS OF OUR HEALTH

A portrait of a woman with short, light brown hair, smiling. She is wearing a white blazer over a dark red top and a thin gold necklace. The background is a blurred blue and white.

Judy
WILYMAN

BSc, MSc, Dip Ed, Ph.D

Judy Wilyman Ph.D. is a public health educator with in-depth knowledge of the historical control of infectious diseases.

She has spent many years investigating the correlation between the decline in children's health and the increased use of vaccines.

This research included examining the scientific rigor underpinning government claims that vaccines are 'safe and effective'.

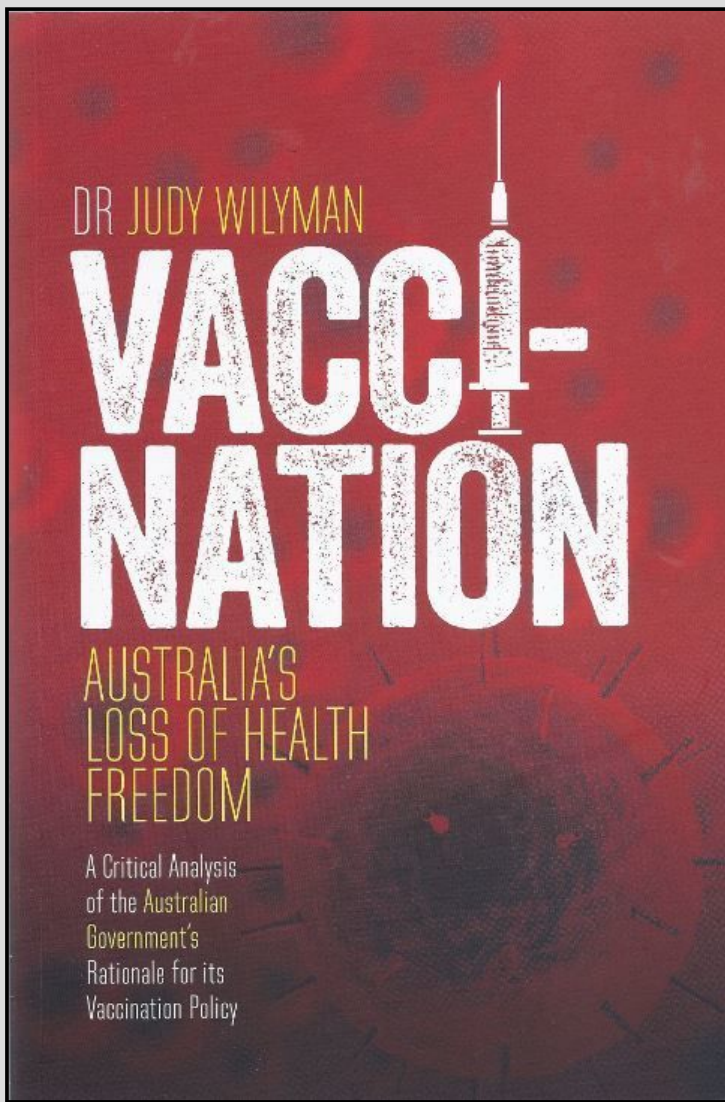
Her Ph.D. titled '*A critical analysis of the Australian government's rationale for its vaccination policy*' concluded that the government's

claims of safety and efficacy are not based on hard evidence.

They are based on *undone science*. That is, the empirical science that is used to prove the safety and efficacy of vaccines has never been done. Judy's Ph.D. was completed in December 2015 and since that time, she has experienced censorship in the debate of vaccination in both the mainstream media and the official channels for public debate.

In March 2020, just as the world was facing lock downs and social distancing, Judy published her book that is titled: '*Vaccination: Australia's Loss of Health Freedom*'.

Learn More www.vaccinationdecisions.net



This book documents the historical control of infectious diseases in Australia and it investigates the rigour of the science underpinning government vaccination programs. The historical evidence demonstrates that there is no scientific justification to mandate any vaccine in the community and that coercive or mandatory vaccination programs are unethical.

GET THE BOOK

CREATING A 'GLOBAL PANDEMIC'

By Judy Wilyman, BSc, MSc, Dip Ed, PhD

It is now well established from the videos - **Plandemic** Parts 1 and 2, and from the International Tribunal of Natural Justice, that the "Coronavirus 2020 Event" was a well-planned outbreak of a genetically engineered virus. This event was planned for over two decades, and the Pandemic Preparedness Plans (PPP) were designed by corporate partners in the Global Alliance for Vaccines and Immunization (GAVI) – an alliance that advises the World Health Organization (WHO) on the International Health Regulations (IHR) and who gain from the development of vaccines.

The pandemic preparedness plans were implemented as sleeping contracts in all the WHO member countries under the International Health Regulations in 2005. This represents the removal of the sovereignty of countries and implementation of government by corporations who are in partnership with the WHO.

These regulations were ready to be enacted when a 'global pandemic' was declared by the WHO. The corporate partners influencing the design of the WHO's global vaccination policies in the IHR's included the Federation of Pharmaceutical Companies, the World Bank and the International Monetary Fund, and many other philanthropists. And, as we know this was about the global reset of the economy.

In order to create the appearance of a 'global pandemic' there were several strategies that needed to be utilized.

Firstly, the WHO advisory group needed to change the definition of a pandemic. They needed to be able to declare a 'global pandemic' even when there are not "enormous numbers of deaths and illnesses" in all countries.

So, in May 2009, the WHO Emergency Committee, that had conflicts of interest with industry, changed the definition of a '**global pandemic**'.

They did this by removing the requirement for there to be "enormous numbers of deaths and illness" to an infectious agent. This phrase was removed and replaced with a global pandemic can be declared 'when there are more cases of that disease than normal'. In other words, the WHO could not have declared a 'global pandemic' of swine-flu in June 2009, if it had not changed the definition in May 2009; and this also applies now, in 2020.

The 2020 'global pandemic' was declared even though many countries did not even have any cases of the disease. In these countries, such as Australia, it was claimed to be a 'precautionary measure' even though it is counter to the proven practices for controlling all infectious diseases.

Again, this disease outbreak in many countries could not have been declared a 'global pandemic' that resulted in locking down healthy populations in all countries if the WHO had not changed the definition of a 'pandemic' in 2009.

Secondly, the “enormous numbers of deaths and illnesses” were predicted on a mathematical model that used false assumptions – it was not based on the behavior of the virus as observed in the population. Instead, it was based on extrapolated statistics based on false assumptions about viruses and how they cause disease.

This modeling was flawed because it was based on generic assumptions about the behavior of the virus that ignored the variations in factors between countries - environmental, host, and cultural factors that are determinants of disease from infectious agents.

Infectious agents do not cause disease on their own. Viruses are not living organisms. Their ability to cause disease varies with the environmental and host characteristics of each country as well as the quality of their health care systems.

The US Surgeon-General, Jerome Adams, admitted this fact when he dumped the prediction model on 13 April 2020, stating that the predictions were not based on ‘real data.’ In other words, countries had locked down the healthy populations and brought in social distancing rules based on statistics that were “predictions without actual evidence.”

There is no scientific basis for social distancing and lockdowns in the outbreak of this current disease. In my video, I described how disease statistics can be manipulated to give the appearance of an increase in a new disease by:

- i) changing the classification of influenza-disease
- ii) by providing financial incentives for diagnosing COVID19 without laboratory confirmation of the virus and

iii) by extra surveillance of the disease in healthy people using a generic test for the common coronaviruses and not a test that identifies the specific new mutated virus. Thereby, creating ‘cases’ of this disease in healthy people without explaining what a positive test actually means.

Statistics can hide many things and in the case of COVID19 disease, the ‘cases’ of disease reported in the media are not an indication of the risk of this disease to the community. This is because the ‘cases’ represent healthy people without symptoms as well as people with mild flu symptoms - people who are testing positive to a test that does not identify the new virus.

The media and government are using these ‘cases’ to frighten the public about the risk of this virus, even though they are not identifying the virus in these cases. The risk of this virus to the community can only be provided by reporting on the deaths to this disease, where the virus has been identified as well as the cases that are hospitalized. In addition, the reporting must provide the context of each case - the age and co-morbidity of the patient.

In previous years, the co-morbidity of elderly patients, for example, those with cancer, heart disease, lung disease, diabetes, pneumonia etc, would have been listed as the cause of death for these patients. But in 2020 they are being labeled as ‘COVID19’ without proof of causality.

This is fraudulent reporting by the well primed media and government health officials as described at ‘Event 201’ that prepared for the pandemic in October 2019 – five months before the ‘pandemic’. Accurate statistics require context. However, the media is not providing the context surrounding the definition of the ‘cases’ or what is meant by an ‘active’ case of this disease.

A change in surveillance can also enhance the appearance of a new disease. In past years, healthy people have never been tested for influenza disease. If you test more people with a non-specific test, of course you will find more cases of people exposed to the family of coronaviruses that cause the common cold. The test is not proving that SARSCov-2 is present in these people. The average lay-person does not understand these differences in disease statistics, and they are being deliberately misled by the medical-industry reporting in the media.

Disease diagnosis is a grey area of medicine. Changes in diagnostic criteria and extra surveillance can be used to create the appearance of an increase in one disease and a decrease in another. The more surveillance you do in healthy people, the more cases you will find if you are not using a test with high specificity for the SARSCov-2 virus, and this is the case for COVID19; neither the RT-PCR tests, nor the antibody tests are virus specific.

Here is what the public health authorities say about the specificity of the antibody test in identifying COVID19. The FDA says that "antibody tests should not be used to diagnose an active COVID19 infection." Testing positive means you most likely have immunity for some strains of coronaviruses. The CDC confirms that the test does not distinguish antibodies to specific strains. Thus, it cannot indicate that you have been exposed to the SARSCov2 strain, only that you may have had the common cold coronavirus strain at some time.

This testing of healthy people allows the media and the medical-industry to misuse the positive results to exaggerate the risk of a new virus in the community - even though this virus is not being identified with any of the laboratory tests used to diagnose COVID19 disease.

The other test being used for diagnosis is the RT-PCR test. However, both the FDA and the inventor of the test, who won a Nobel Prize,

stated that this is not a diagnostic tool and it has not been licensed as a diagnostic tool. In other words, the causal agent, SARSCOV-2 cannot be identified with this test, and it is not being identified in any of the cases or deaths reported for this disease.

The PCR test cannot identify a whole natural RNA virus. It only magnifies segments of the RNA genome that do not provide proof that SARSCov2 is present in the tissue sample. There are also many other viruses, bacteria, and non-infectious agents that can cause the neurological damage being observed in these deaths, and no attempt is being made to prove that causality is due to this new mutated strain of coronavirus with a licensed diagnostic test.

The FDA states that 'The detection of RNA by the PCR test does not equate with an infectious agent.'

When the Australian government was recently asked, under the Freedom of Information Act, to provide "a document that shows there is a test that 100% positively identifies the causal agent, SARSCov2, and not other coronaviruses" the government's response was "no relevant documents have been located."

In other words, there is no test that is identifying the SARSCov2 virus in any of the cases or deaths that are being diagnosed and reported as COVID19 disease. Additionally, we know that the majority of the deaths are in the elderly demographic who all have co-morbidity.

In previous years, the deaths would have been attributed to the underlying health issues, but this year they are labelled as COVID19 even if the virus is only suspected. This year, the Australian and other governments are providing financial incentives for doctors and institutions to label the deaths and cases as COVID19, without laboratory confirmation and based only on suspected cases and estimates.

PROOF OF CAUSALITY

So why is the medical profession not being required to demonstrate proof of causality for this so-called 'global pandemic' that is not obvious in the community?

Most of the deaths are occurring in the aged-care facilities, in the elderly who have recently had the flu vaccine. These patients all had serious underlying health issues (comorbidity) and a recent flu vaccine. It is well documented that the flu vaccine can cause neurological damage and premature deaths in elderly people.

This year many countries mandated the flu vaccine for the first time; and the flu vaccine campaigns have occurred just prior to the spike in deaths that have occurred both in the northern and southern winter seasons.

China mandated the flu vaccine for the first time in December 2019 as did Italy, which used 4 flu vaccines in its vaccination

campaigns just prior to the spike in deaths.

Australia mandated the flu vaccine for the first time for all visitors and healthcare workers to aged-care facilities on 1 May 2020 - just prior to the well predicted and planned for "second-wave" of this declared pandemic, during our winter months.

Data from the European Union shows there is a correlation between influenza vaccine and COVID19 deaths. The countries with the highest death rates had all vaccinated at least half of the elderly population against influenza.

This pattern has been observed in Canada as well. 82% of all reported COVID-19 deaths in Canada occurred in long-term care facilities. Evidence-based medicine requires that this correlation be investigated to see whether the vaccine was a contributing factor to the deaths – particularly as the SARS-CoV-2 virus has not been identified with a licensed diagnostic test in these patients.



The Significant Events for Creating a 'Global Pandemic' of COVID19.
Dr. Judy Wilyman, Ph.D. exposes why the Covid-19 pandemic has no basis in science.

Vaccine-induced enhancement of viral infections is well documented in scientific journals.

Here are some examples:

- A trial in children showed that influenza vaccine increases five-fold the risk of acute respiratory infections caused by a group of non-influenza viruses, including corona viruses.
- A study in military personnel revealed a 36% increased susceptibility to corona virus infection after a flu vaccine. The study concluded that "Vaccine derived virus interference was significantly associated with corona virus illness."

Evidence-based medicine requires proof that this outbreak of disease is caused by a virus with appropriate diagnostic tools – for example, Koch's postulates and the Bradhill criteria. Yet to date this scientific evidence has not been provided. The strong correlation of the disease with the mandated flu vaccine needs to be investigated before a virus is blamed. This is a plausible biological cause of the neurological illness and deaths that are being observed.

It would be very convenient to blame a virus, and then a vaccine could be produced and promoted as the "end solution" - as Bill Gates has already suggested. This would fit with many of the agendas that are being discussed around this 'global pandemic.'

In Italy, a doctor has stated that "COVID19 is a neurological issue probably affecting the central nervous system or a neurotransmitter and he can testify that it is not contagious." He says it was around before the first case of this disease from China was presented in the media.

He saw the first cases around December and early January, and it was being treated with drugs that are inhibitors of neuronal functions at different levels. It is a problem of the lungs –

diffuse edema and no-one was wearing masks or gloves and no caregivers were infected from this lung disease when it was first observed.

This is a well-planned pandemic as described in 'Event 201,' held in October 2019. It was put on by the corporate partners of the WHO that profit from the development of vaccines in global health policies.

There is no scientific evidence to support locking down the healthy population, social distancing, random medical testing, coercive vaccination, or mask wearing for healthy people in the outbreak of this disease that we are observing. These measures all increase illness in the population, and they are counter to the proven practices for controlling infectious diseases and promoting health in all communities.

The measures also remove our fundamental human rights in society without scientific justification and they represent an attack on humanity. This is no coincidence and it is not a conspiracy theory. It is a well-orchestrated plan that has been enabled by the collaboration of private-public partnerships that advise the WHO.

The WHO is no longer using objective scientific information in the design of global health policies that all member countries have signed up to under the International Health Regulations. National governments have lost their sovereignty by signing up to these regulations without consultation or even the knowledge of the public on whom they will be enforced.

This has put human health at serious risk and resulted in the removal of freedoms under the guise of being for the 'safety of the community'. That is, a medical tyranny created by the collaboration of the medical-industry-media complex that has been based on false scientific principles about viral transmission of disease.

ONGOING CORRUPTION FROM THE PAST

The Moth and the Iron Lung: A Biography of Polio, by Forrest Maready reveals that neurological damage (poliomyelitis) is a condition that had many causal factors other than the polio virus. Other causes include many other viruses, the chemical DDT, arsenic, and components of vaccines. The use of DDT became prolific throughout the 1940's to 1960's, and beyond. Yet, the epidemic of paralysis was blamed solely on one virus—the poliomyelitis virus—by the media who was used to promote a polio vaccine as the solution.

Changes to the definition of an 'epidemic' and to the diagnostic criteria and surveillance of polio occurred after 1954, when the vaccine was introduced into the population. This resulted in the appearance of a decline in the disease, as DDT was phased out and polio vaccination campaigns were implemented.

This decline was largely a result of the manipulation of statistics due to changes in the definition of 'polio' that had previously included both paralytic and non-paralytic cases of the disease. After 1954, the diagnostic criteria for polio was changed, and the two examinations were spaced 60 days

apart instead of 24 hours apart. This meant that all the short-term paralyzes were no longer included in the definition of "polio". This appearance of a decline in polio was further enhanced by changing the definition of an 'epidemic' from 20/100,000 population to 35/100,000 population per year.

Prior to 1954, the surveillance of polio was also enhanced by the Health Department through increased funding for hospitals. Diagnosing polio was incentivised by linking its diagnosis to the funding of hospital services, just as they are doing today, in 2020, with COVID19. This increased surveillance for polio prior to 1954, was removed after the vaccine was introduced.

Hence, whilst the statistics indicated that polio in the US declined from 1955 onwards, the reality was that paralysis increased by 50% from 1957-1958 and 80% by 1958-1959. The decline in polio was enhanced again in 1958, when non-paralytic cases of polio that showed meningeal signs were re-classified as "aseptic meningitis."

These changes in diagnostic criteria and surveillance have been well documented by Dr. Suzanne Humphries, MD, in her book ***Dissolving Illusions: Diseases, Vaccines and History you don't Know***.

"Smoke, Mirrors & the Disappearance" of Polio, Dr. Suzanne Humphries,



The media has always been used to control the population. Plato stated, "Those who tell the stories rule the planet." Is this a repeat of history, and is it possible that the neurological damage that we are seeing has been caused by the flu vaccine and other infectious and non-infectious agents that have not been identified in the cases and deaths? Proof of causality is essential before we give up our

freedoms under the guise of protecting the community.

To date, the testing and reporting of COVID19 has been fraudulent and on a civil rights basis this is punishable in court.

Global Report Novel Coronavirus 2019 n-CoV: "There is no deadly pandemic. The data is clear"

SOME OF THE INGREDIENTS IN VACCINES

Did you know that antibiotics are in most vaccines? Many people are allergic to antibiotics and using any vaccine carries the serious risk of anaphylactic shock to this and many other vaccine ingredients. Are you being informed of this before you give consent to your newborn baby being vaccinated?

Please consider whether you want the substances listed below injected into the tissues of your new born infant before the the body systems are fully developed. These ingredients and many more are present in vaccines and the vaccination schedule has expanded to mandating 16 vaccines in Australian social services policies that require ~52 doses from birth to adolescence.

And the 'new norm' - allergies, anaphylaxis, Kawasaki's Disease (vasculitis), Chronic Fatigue Syndrome (CFS), autoimmune disorders (diabetes, childhood rheumatoid arthritis, arthritis, multiple sclerosis etc.), thrombocytopenia purpura (ITP), autism, speech delay, neurological disorders, encephalopathy, meningitis, ADHD, childhood cancers, and many more that has increased in direct correlation to the vaccination program - a plausible cause of this illness.

But your doctor will inform you that this is 'just a coincidence' because the Australian government and vaccine manufacturers have never funded a causality study that would disprove this association. That is, a study that uses an inert placebo in the unvaccinated trial group to prove the safety of each vaccine over an appropriate long-term time period that includes the delay in the appearance of these diseases - or the safety of the combination of vaccines on the government schedule:

ANTIBIOTICS: NEOMYCIN, POLYMXIN, GENTAMICIN, KANAMYCIN

FOREIGN PROTEIN INCLUDES:

HUMAN FOETAL CELLS

CHICK EMBRYO CELLS AND BOVINE SERUM

RECOMBINANT HUMAN ALBUMIN (GENETICALLY ENGINEERED DNA)

POTASSIUM CHLORIDE

ALUMINIUM HYDROXIDE

ALUMINIUM HYDROXIDE/PHOSPHATE

ALUMINIUM PHOSPHATE

THIMEROSAL (50% MERCURY COMPOUND) (FLU VACCINE MULTIDOSE VIALS & INFANRIX-HEXA & HEP B 2013)

BORAX ('SODIUM BORATE' - CAUSES INFERTILITY AND IS FOUND IN HPV VACCINES & HEP A)



**Dr. Lyons-Weiler and Dr. Judy Wilyman, Ph.D.
discuss a public health view of vaccine risk awareness.**

EP005 A SOCIAL SCIENCE
VIEW ON VACCINE RISK
AWARENESS

- The one in which Dr. Jack and Dr. Judy Wilyman explore the reality of vaccine risk denialism and the lengths factions will go to ensure a monopoly over the “official” narrative.
- UNBREAKING SCIENCE 005



**A Question of Medical Freedom and Sovereignty
over our own Body – Dr. Judy Wilyman, Ph.D.**



COERCIVE AND MANDATORY IMMUNIZATION:

How ethical is this policy?



Vaccination is a medical procedure that injects weakened pathogens and chemical substances into the blood stream of individuals to produce an antibody response. When injected into individuals, vaccines can produce serious side effects and cause harm. Unhealthy individuals are particularly vulnerable and should not be vaccinated.

Since the implementation of the vaccine program in the last two decades, chronic illness in children has risen dramatically. In 2004, 41% of 0-14 year olds had a chronic illness (1). Today, that figure is even higher. Statistics in Australia indicate that there has been a five-fold increase in life-threatening food allergies in children from 1994-2005 (1).

Autism, asthma, learning and behavioral difficulties, and autoimmune diseases have all increased significantly during this time (1). This also coincides with the government's push to increase vaccination rates in Australia, to 95% with the implementation of the Immunize Australia Program in 1993 (2).

Thimerosal is a mercury compound and neurotoxin. It was present in most infant vaccines prior to 2000(3). While it has been removed from some vaccines, it is still found in others, and still given to infants and children, along with other harmful adjuvants.

Scientists have known since 1966 that adjuvants used in vaccines, such as aluminum hydroxide/phosphate and thimerosal and

antibiotics cause hypersensitivity reactions in humans (4). Yet medical officials are still injecting these toxic ingredients, along with other harmful compounds, into the blood streams of infants at the most vulnerable time of their development. Many adverse reactions to vaccines occur, which vary in severity amongst individuals due to genetic and environmental factors (5).

It is now known that an individual can be pre-disposed to a disease by having the gene for that disease. However, the expression of the gene determines if they get the disease or not; and that depends on environmental factors(6). Factors or triggers responsible for activating gene expression include heavy metals, chemicals, viruses, bacteria, poor nutrition, emotional states, and stress (6).



Judy Wilyman
BSc, MSc, Dip Ed, PhD

Many of these triggers are found in vaccines. Veterinary scientists have correlated the increase in autoimmune diseases and sarcomas in dogs and cats to increased vaccine use (7).

Long-term health studies showing the effects of multiple vaccines in infants or children have never been done on humans or animals (2). Instead of the science that includes biological, clinical, and ecological evidence that is showing a possible link with chronic illness in children (5)(8), the industry and regulators place greater emphasis on short-term epidemiological studies (statistical) with selective parameters investigating one vaccine at a time. In addition, twentieth century public health officials did not claim vaccines controlled infectious diseases (9).

The underlying ethical principle of health

practitioners is to first do no harm. Since it is biologically plausible that using multiple vaccines on infants, children, and adults could cause significant harm to a proportion of the population as a result of genetic predisposition and epigenetics, the onus is on policy makers to provide conclusive evidence to the contrary; before coercive vaccination policies are implemented.

In 2006, the NSW government, without public consultation, implemented mandatory immunization policies for Health Professionals (10). The government should be required to demonstrate a serious risk to the community without these vaccinations, before we lose the right to decide what is injected into our bodies. Precautionary Principle: The burden of proof of harmlessness of any new technology/chemical is on the proponent NOT the general public.

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The Ethics of Childhood Influenza Immunization



**After investigating the Swine flu 'pandemic' of 2009, that did not turn out to be a pandemic, was there - 'A new strain of influenza or a change in surveillance?'
Australasian College of Environmental and Nutritional Medicine (ACNEM)**

TOP MEDICAL DOCTORS IN THEIR FIELDS SPEAK UP ON VACCINES:

"The only safe vaccine is one that is never used." – Dr. James A. Shannon, MD, former director of the National Institutes of Health (1955-1968)

"There is a great deal of evidence to prove that immunization of children does more harm than good." – Dr. J. Anthony Morris, formerly Chief Vaccine Control Officer at the FDA

"My own personal view is that vaccines are unsafe and worthless. I will not allow myself to be vaccinated again....Vaccines may be profitable but in my view, they are neither safe nor effective." – Dr. Vernon Coleman, MB, ChB, DSc (Hon)

"Vaccines are highly dangerous, have never been adequately studied or proven to be effective, and have a poor risk/reward ratio.... The treatment of cancer and degenerative diseases is a national scandal. The sooner you learn this, the better off you will be." – Dr. Allen Greenberg, MD

"I found the whole vaccine business was indeed a gigantic hoax. Most doctors are convinced that they are useful, but if you look at the proper statistics and study the instances of these diseases you will realize that this is not so." – Dr. Archivides Kalokerinos, MD

"The vaccinations are not working and they are dangerous. We should be working with nature." – Dr. Lendon Smith, MD

"In my medical career I've treated vaccinated and unvaccinated children and the unvaccinated children are far healthier than the vaccinated ones." – Dr. Philip Incao, MD

"There is no scientific evidence that vaccinations are of any benefit, but it is clear that they cause a great deal of harm." – Dr. Gerhard Buchwald, MD

"Nobody needs to be confused but everybody better be darn well frightened about taking any vaccine, under any circumstance, for any reason,

at any time in their life." – Dr. Daniel H. Duffy Sr., DC (retired air force officer – 21 yrs., family doctor – 28 yrs., vaccination researcher – 49 yrs.)

"I have no faith in vaccination; nay, I look upon it with the greatest possible disgust, and firmly believe that it is often the medium of conveying many filthy and loathsome diseases from one child to another, and no protection whatever against small pox. Indeed, I consider we are now living in the Jennerian epoch for the slaughter of innocents, and the unthinking portion of the adult population." – Dr. W.J. Collins, MD, BS, BSc, MRCS

"I vaccinated both my children with the MMR jab, but this was before I started my research into the problems associated with it. Knowing what I know now, I would not vaccinate my children and run the risk of them getting diabetes, asthma, eczema, becoming more susceptible to meningitis and ending up chronically disabled." – Dr. Jayne Donegan, GP, Homeopath

"I once believed in Jenner; I once believed in Pasteur. I believed in vaccination. I believed in vivisection. But I changed my views as the result of hard thinking." – Dr. Walter Hadwen, MD, LSA, MRCS, LRCP, MB, BS, BSc

"There is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza. The producers of these vaccines know that they are worthless, but they go on selling them anyway." – Dr. J. Anthony Morris, formerly Chief Vaccine Control Officer at the FDA

"There is insufficient evidence to support routine vaccination of healthy persons of any age." – Dr. Paul Frame, MD, Journal of Family Practice

"Only after realizing that routine immunizations were dangerous did I achieve a substantial drop in infant death rates." – Dr. Archivides Kalokerinos, MD

"To create fear among parents to strengthen their motivation to vaccinate is an important part of the publicity used to promote vaccinations. A whole branch of research is examining the question: What level of fear needs to be created to appear as convincing as possible?" – Dr. Gerhard Buchwald, MD

"I'll talk about vaccines. Number one, vaccines make people sick. They don't work. They don't protect. The use of vaccines is totally wrong! It's perfect nonsense based on fear. They are dangerous. One child out of five has overwhelming disabilities from vaccines – neurological problems, seizures. I've got a whole list. There are plenty of books on this subject. Doctors don't even read about this." Interview with Guylaine Lanctot, MD

"During those 30 years I have run against so many histories of little children who had never seen a sick day until they were vaccinated and who, in the several years that have followed, have never seen a well day since. I couldn't put my finger on the disease they have. They just weren't strong. Their resistance was gone. They were perfectly well before they were vaccinated. They have never been well since." – Dr. William Howard Hay, MD

"Had my mother and father known that the poliovirus vaccines of the 1950s were heavily contaminated with more than 26 monkey viruses, including the cancer virus SV40, I can say with certainty that they would not have allowed their children and themselves to take those vaccines. Both of my parents might not have developed cancers suspected of being vaccine-related, and might even be alive today." – Dr. Howard B. Urnovitz, PhD, CEO, CSO and co-founder of Chronix Biomedical

"We are taught by the authorities that vaccines protect us against eventual aggressive viruses and microbes, and, therefore, prevent contagious illnesses and epidemics. This lie has been perpetuated for 150 years despite the ineffectiveness of vaccines in protecting against illnesses." – Dr. Guylaine Lanctot, MD

The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them through mass immunization....There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease." – Dr. Robert Mendelsohn, MD, Author

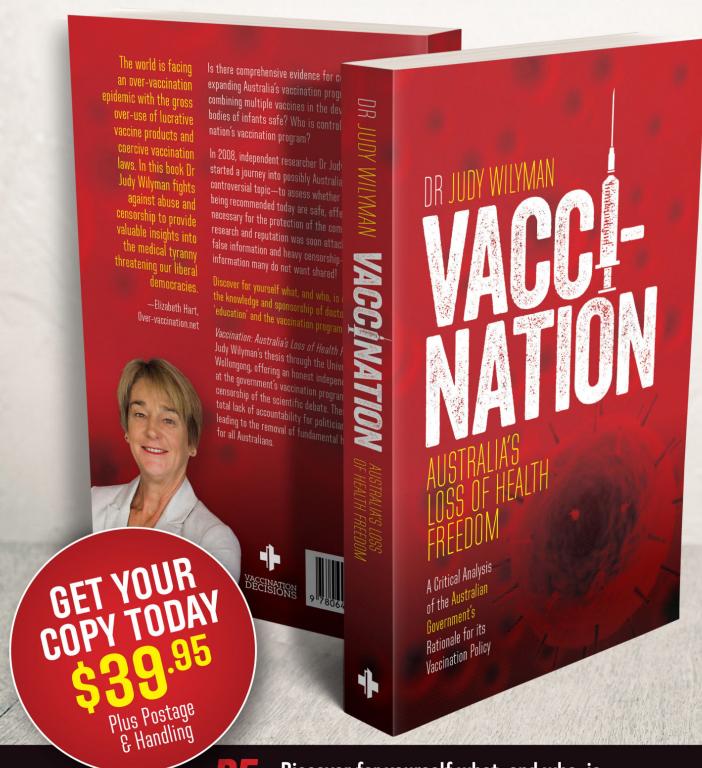
Are you aware? A concerned citizen tries to educate the Toronto's Board of Health on vaccines

The parents of vaccine-injured or killed children now know the truth. They know that the science is inadequate to support the claims that vaccines are safe.

CLICK ON THE VIDEO BELOW TO HEAR
THEIR POWERFUL WORDS.



Your medical freedom and right to decide
what happens to your own body—and
your children's is being taken away.



**BE
INFORMED**

Discover for yourself what, and who, is
controlling the knowledge and sponsorship of
doctors 'education' and the vaccination program.