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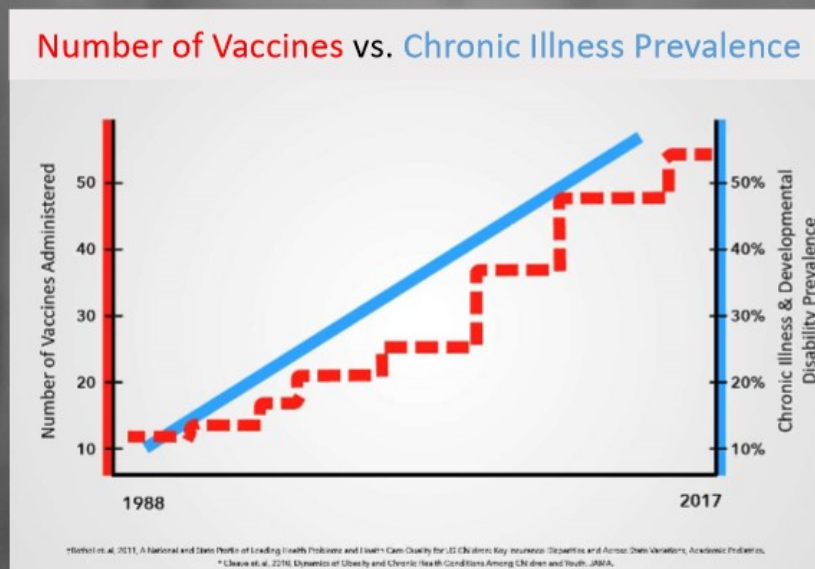
California Senate Health Committee
State Capitol Building, Room 4203
Sacramento, California 95814

Re: *Oppose SB276*

Senators,

It is an inconvenient truth, but scientists agree that 54% of children in the United States are currently suffering one or more chronic illnesses under the current CDC vaccination schedule. In every country, BigPharma is bursting at the seams trying to deny the obvious correlation between larger vaccine schedules and skyrocketing chronic illness numbers. In America, because Pharma enjoys special interest legislation making it legally immune from liability for vaccine injury, the government is the one that has paid billions of dollars to vaccine injury victims. It is calculable that SB 276, if passed, would intensify the children's health epidemic caused in part by vaccines. I am a California healthcare lawyer who sees new injury every day from the 32-vaccine doses this State mandates upon our schoolchildren. How much more extreme does this trend need to get before we are willing to learn and change as people?

Intro I. Who is Responsible? II. Pre-Licensure Safety III. Post-Licensure Safety IV. Conflicts & Fraud



According to the CDC:

1 in 6 children has a developmental disability^{*}

ADHD	Learning Disabilities
Autism	Hearing Loss
Intellectual Disabilities	Developmental Delays

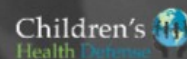
According to an HHS Funded Publication:

54% of children have chronic illness[†]

Obesity	Asthma	Migraines
Risk of Developmental Delay	ADD/ADHD	Speech Problems
Environmental Allergies	Chronic Ear Infections	Hearing Loss
Learning Disability	Behavior Problems	12 others not listed

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

†Bethel et. al, 2011, A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations, Academic Pediatrics.

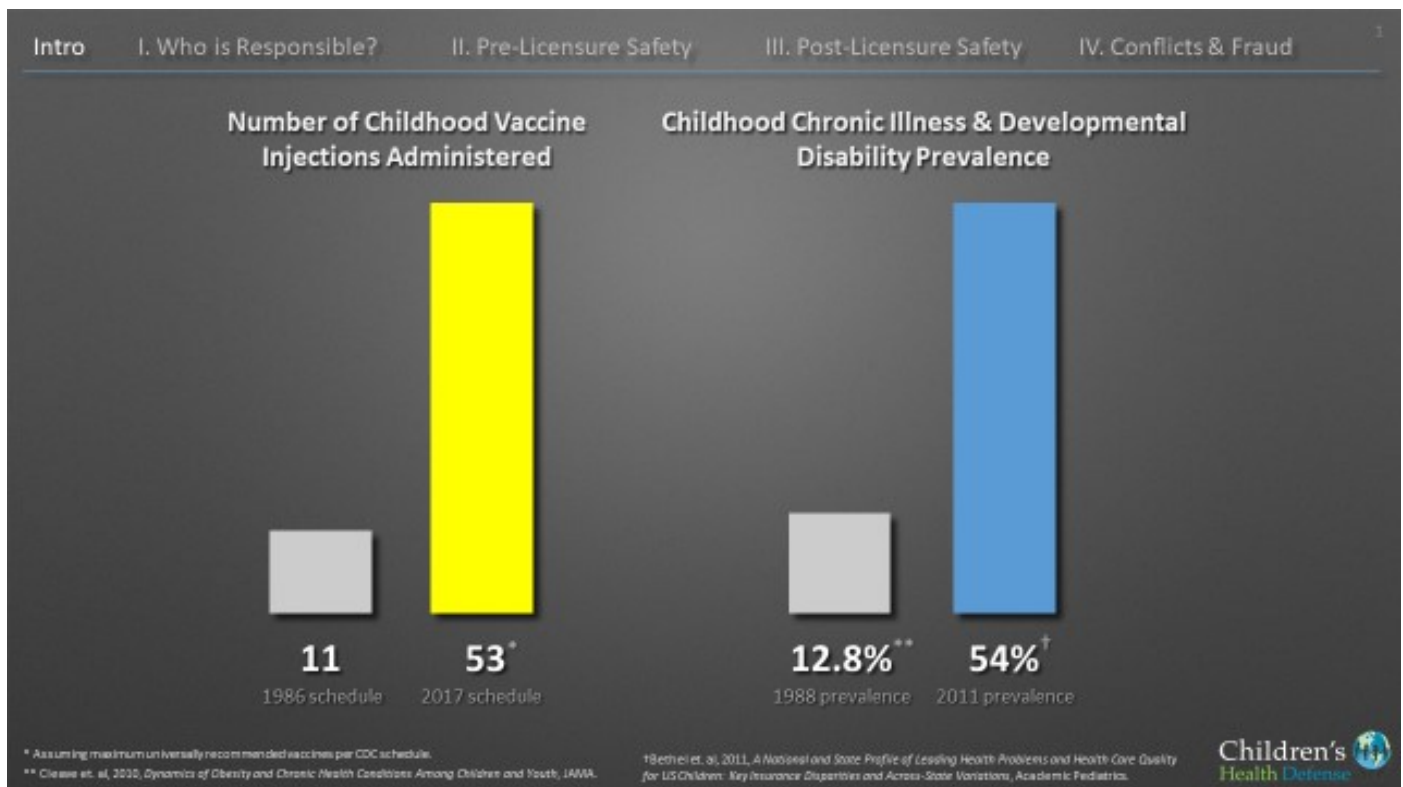


SB 276 is a targeted attack on special needs children simply because they lack a federal file classification “CDC contraindication”. SB 276 is also *part of* the larger attack on natural and indigenous families who exercise their Constitutional right to decline the State-sponsored injection of biotechnology (pharmaceuticals/vaccines). Indeed, it is every Californian’s Constitutional right to *wisely and traditionally embrace* natural health and lifelong natural immunity. If this Legislature passes SB 276, it will only further alienate our State’s natural & indigenous peoples, which history is well positioned to remember. It is shameful when governments make laws isolating natural people, and even colonialist to require government-sponsored biotechnology as a prerequisite to assembly as people.

SB 276 Is Dangerously Orwellian By Design

Shockingly, Senator Pan’s new bill SB 276 fomenting distrust among diverse peoples and would predictably create a black market for fake vaccination records, thereby deceitfully empowering Senator Pan and fellow Pharma-funded politicians to reconvene you all again in the future to vote on something even *more* Orwellian, bio-tracking (i.e., perhaps State monitored injection facilities? microchipping with vaccines to guarantee injection?). In this manner, consider how this Legislature is being conveniently set up by the biotech industry (which advocates both mandatory vaccines and escalating forms of bio-tracking), such that most legislators either don’t know it or don’t speak of it.

Those who know the truth (that natural symbiosis can be obtained healthfully, and bio-tracking is Orwellian) are the ones most likely to listen to consumer advocates who ask smart questions like this: *if 54% of children are suffering one or more chronic illnesses under the current CDC schedule, why is the government pushing more vaccine biotechnology on children? Who has the right to decide that everyone must fight against nature, and that no one may respect natural harmony?*



It is an inconvenient truth, but by pushing ever more government-mandated pharmaceuticals/ vaccines, one-size-fits-all healthcare disrespects the unique body burdens of diverse children, and is a targeted attack on natural peoples.

Intelligent consumer advocates are asking: why isn't pharma-funded government policy able to fix the Children's Health Epidemic? See for example the excellent and well-cited book *Generation Sick*, by Children's Health Defense.

Every year this chronic illness epidemic grows larger, and every year pharma-funded government policy proposes the answer is ever more mandated biotechnology. Accordingly, when will our State acknowledge that pharma-funded government policy is actually *contributing to* the chronic illness epidemic? Even though Pharma ad money funds around 70% of mainstream media budgets, the public is still awakening more every year, realizing the time has come for independent consumer advocacy around vaccines, where independent scientific voices have at least as much weight as biotechnology companies that fund government policy, finance politicians, buy mainstream media, and dominate healthcare. And as Pharma's day of reckoning nears, history is well positioned to remember Orwellian bills like SB 276.

SB 276 Was Pitched By Senator Pan Using False Data

For several years Senator Pan has been slyly laying the groundwork for SB 276, planting hearsay, rumors, and false data -- one of his most ambitious efforts involved publication in the journal *Pediatrics*, which was the subject of my request for retraction on the following grounds:

- (1) Both the Pan and Mohanty articles contain misleading information about medical exemption rates, which conveniently advances Dr. Pan's political agenda

- (2) The Pan article fails to disclose Dr. Pan's multiple ongoing conflicts-of-interest
- (3) The Pan article contains false and unreferenced information about vaccine safety
- (4) The Mohanty And Pan article conclusions are based on unscientific assumptions about medical exemptions
- (5) The Mohanty article improperly attacks physicians for following medical best practices in physician time accounting and medical billing requirements

Glaser, G, *Request for Retraction of October 2018 Pediatrics articles: "Vaccine Medical Exemptions Are a Delegated Public Health Authority", Pan, R., et al, and "Experience With Medical Exemptions After a Change in Vaccine exemption Policy in California", Mohanty, S., et al.* (November 6, 2018)

After SB277 was enacted in 2015, personal belief exemptions and religious exemptions were no longer available to parents who had concerns about a vaccine's safety for their children, so the law triggered a rapid increase in requests for physicians to evaluate potentially at-risk children for medical exemptions. The SB277 law revealed a population of chronically ill children whose parents had previously exercised a personal belief exemption for school attendance, as that was all that was required before SB277 was enacted into California law.

Senator Pan has incorrectly claimed that private physicians are charging for medical exemptions, and yet he has provided no evidence for his claim. Senator Pan's claims come from third parties who are not privy to a patient's medical appointments, medical record, or medical billing. All physicians and parents interviewed regarding SB277 agree that physicians are not charging for medical exemptions, but rather physicians charge for standard office visits that can include vaccine administration, risk assessment evaluation, medical testing, and the like.

Senator Pan has incorrectly suggested that physicians should ignore these medical best practices in physician time accounting for medical billing requirements, which are pre-established medical insurance protocols and office policies. Indeed, there is an entire category of ICD-10-CM codes for exemption to vaccination. See e.g., 2018/2019 ICD-10-CM Diagnosis Code Z28.9. Senator Pan offers no evidence that SB277 carved out any exception to these best practices for physician and clinic accounting. Indeed, the SB277 law itself would appear to incentivize a full work-up and analysis of vaccination status, risk of vaccine injury, and status of immunity. For the physician, this includes more than just taking a family history and completing a physical examination. A diligent physician work-up can include additional testing, and as well embrace the opportunity (and patient interest) in a full education on the pros/cons of vaccination, the nature of the immune system, how to identify signs of infectious disease, and so forth.

Moreover, due to pervasive underreporting of vaccine reactions in the United States, a physician cannot presume that a previous vaccine reaction or injury has been documented in a patient's chart. Accordingly, it is incumbent upon physicians to thoroughly investigate these matters, which takes more time than the typical physician spends simply vaccinating. Senator Pan ignores all of the endemic problems of over-vaccination due to overzealous vaccination propaganda, such as patients not receiving the required VIS, fast vaccination appointments with little or no face-to-face informed consent time with the physician, the lack of training of physicians in vaccine risk assessment and recognizing vaccine injury, and the lack of vaccine injury reporting to VAERS.

Incidentally, the process of a physician's vaccine risk and immunity evaluation often reveals the need for treatment of a patient's related medical conditions, especially given that the patients who seek medical exemptions routinely have history of medical complications. In order to push his special interest bill, Senator Pan has failed to notify the Legislature of these directly relevant facts, which are readily discoverable by consulting doctors and patients.

SB 276 Was Presented by Senator Pan Under False Pretenses (Revisionist History)

The CDC list of vaccine contraindications has not been the standard of care for purposes of a medical exemption under California Health & Safety Code section 120370. Indeed, when SB277 amended this statute to remove the word "contraindication" from the law, and instead utilized the words "not considered safe", there was a literal change in meaning on the face of the statute, as further confirmed in the legislative history.

For example, the concluding sentence of Governor Jerry Brown's signing statement, dated June 30, 2015, was as follows: "Thus, SB 277, while requiring that school children be vaccinated, **explicitly provides an exception when a physician believes that circumstances – in the judgement and sound discretion of the physician – so warrant.**"

And here is the Assembly Bill Analysis on SB277:

"A medical exemption letter can be written by a licensed physician that believes that vaccination is not safe for the medical conditions of the patient, such as those whose immune systems are compromised, who are allergic to vaccines, are ill at the time of vaccination, or have other medical contraindications to vaccines for that individual patient. Every state allows medical exemptions from school vaccination requirements. **This determination is entirely up to the professional clinical judgment of the physician.**" [emphasis added]

The legislative intent of SB277 is further evidenced by the following transcripts of the official public hearings on SB227. See e.g. Assembly Committee hearing transcript, dated June 9, 2015:

"Rob Bonta: Thank you, Dr. Pan. And then finally, we have an amendment regarding the medical exemption and a physician's judgement. And I've heard from a number of constituents and Californians regarding concerns that a medical exemption is difficult to obtain or was difficult to obtain. **I believe that current law states that a physician has complete, professional discretion over the writing of a medical exemption. However, I have asked the author to take an amendment to clarify that a medical exemption is entirely within the professional judgement of a physician and we have agreement on that amendment.**

"SB277 bill author Richard Pan: **Yes.**"

...

See also SB277 bill Co-Author Ben Allen in that same hearing, "One of the things we've talked about over and over again is how important it is that there be a strong and robust medical exemption so that anybody who has a legitimate medical concern, genetic predisposition, some sort of immunological problem, they can go to a doctor anywhere in the State and get an exemption from that doctor."

SB277 bill Author Richard Pan further addressing the State Legislature during these hearings, “If the physician feels there is a genetic association, with a sibling, a cousin, some other relative, it’s not safe for a vaccine, they can provide a medical exemption for that vaccine. There is no limitation....

“We are trying to create the space to allow doctors and their patients and their parents to work together, hand in hand.”

“... that may be family related, that therefore that child is also at increased risk even though that child has not yet suffered harm, then they can exercise their professional judgment to provide an exemption.”

The medical issues referenced in the above-cited legislative history, such as “genetic association” cited by Senator Pan are not officially listed contraindications to vaccination. Rather, they are precautions to vaccination recognized in different measure in different medical communities to justify a medical exemption to vaccination.

Indeed, in their Winter 2016 Newsletter sent out to all California doctors, the Medical Board of California provided guidance on any new Medical Legislation for the previous year. http://www.mbc.ca.gov/Publications/Newsletters/newsletter_2016_01.pdf (“this bill [SB277] specifies that when issuing a medical exemption, a physician must consider the family medical history of the child.”)

Senator Pan’s Last Bill SB 277 Caused The California Medical Board To Attack Integrative Physicians

Since 2015, the California Medical Board (CMB) has been vigorously accusing private physicians of misconduct simply because these conscientious physicians recognize the latest medical research showing a connection between vaccination and a host of medical complications, such as neurodevelopmental disorders, autoimmune disorders, and genetic predisposition to vaccine injury.

Indeed, from Public Records Act documents I have reviewed, and from my personal observations as a lawyer, I can see the CMB has been compromised by Pharma-funded policy. As a result of their corporate and political bias, the CMB is now actively using public money to target private physicians who have done nothing wrong but rather who simply follow the child safety standard in California Health & Safety Code section 120370(a):

“... a written statement by a licensed physician to the effect that the physical condition of the child is such, or medical circumstances relating to the child are such, that immunization is not considered safe....”

The CMB’s bias is causing the CMB to exploit California’s special interest law imbalance, as conventional physicians enjoy both civil and regulatory immunity for denying medical exemptions to qualifying patients, while the CMB targets the licenses of integrative physicians who write medical exemptions for qualifying patients.

Indeed, the CMB’s bias is directly contrary to the legislative goal of doctor discretion that was emphasized repeatedly during the passage of SB277 (see references above).

Despite this clear legislative intent, the CMB claims that a contraindication is necessary for a medical exemption. See for example the declaration of a hired expert working with the CMB, upon whose testimony the CMB relied to argue against private physician:

"According to Dr. Mohr, absolute contraindications for all childhood vaccinations would be limited to very particular circumstances. It is more common to assess for the presence of absolute contraindications for a specific vaccination. Further, below the level of contraindications are conditions which are deemed as precautions for particular vaccinations. Many of the precautionary conditions are not permanent and therefore the determination for vaccination should only be deferred until the condition resolves, as opposed to an exemption for all of the years the patient is a minor. Based on these circumstances, DCA is seeking the patient's certified medical records to determine if they support and/or corroborate the allegation that Respondent rendered substandard medical care to this patient."

MPA ISO Petition for Order Compelling Compliance with Investigational Subpoena, Page 3, lines 2-11."

This Legislature should not condone the targeting of special needs children protected by physicians, but rather this Legislature should investigate who is unlawfully pushing the CMB to advocate for biotechnology interests rather than the law as written.

Because the CMB is placing California's children in immediate health and safety danger by acting on its improper bias to target integrative physicians following California Health & Safety Code section 120370, the California Legislature should conduct a formal investigation into the improper bias and conflicts-of-interest within the CMB.

Side Effect of CMB Bias: Invasion of California Family Medical Privacy

Another important component for California families is that privacy breaches commonly arise as a side-effect of the CMB's bias against physicians following California Health and Safety Code section 120370.

Both State & Federal law are clear that schools can *only* share student medical exemption records with 3rd parties (i.e., public health departments) when necessary (i.e., in the event of an active emergency). See e.g., Cal. Education Code section 49076(a)(2)(A). But certain overzealous school employees are ignoring the necessity requirement. Many are sending exemption records directly to the Department of Public Health and California Medical Board simply because that employee doesn't like *the number* of exemptions he/she is seeing from a particular doctor's office, even though that doctor is a subject matter expert on vaccine risk. This upsets families to have both their privacy violated by the State and their medical exemption challenged by the State.

See e.g., U.S. Dept. of Educ. Family Compliance Policy Office, *Letter to Alabama Department of Education re: Disclosure of Immunization Records*, February 25, 2004, available at <http://www2.ed.gov/policy/gen/guid/fpc/ferpa/library/alhippaa.html>

"In summary, educational agencies and institutions subject to FERPA may disclose personally identifiable, non-directory information from education records under the "health or safety emergency" exception only if the agency or institution determines, on a

case-by-case basis, that a specific situation presents imminent danger or threat to students or other members of the community, or requires an immediate need for information in order to avert or diffuse serious threats to the safety or health of a student or other individuals. Any release must be narrowly tailored considering the immediacy and magnitude of the emergency and must be made only to parties who can address the specific emergency in question. This exception is temporally limited to the period of the emergency and generally does not allow a blanket release of personally identifiable information from a student's education records to comply with general requirements under State law."

Senator Pan's Conflicts of Interest

While publishing in the journal *Pediatrics*, in the section on potential conflicts-of-interest, Senator Pan failed to disclose he received large campaign contributions from vaccine manufacturers and distributors. Nor did Senator Pan disclose he was actively planning future mandatory vaccination legislation, such as SB 276. See e.g., *Vaccination Rates For Kindergartners Decline in San Diego County*, September 20, 2018, *Times of San Diego* <https://timesofsandiego.com/education/2018/09/20/kindergarten-vaccination-rates-california-medical-exemptions/> ("A spokeswoman for state Sen. Richard Pan, D-Sacramento, said he may propose legislation that would change rules for medical exemptions if the upward trend continues.") Dr. Pan originally wrote SB277 to include homeschoolers, but the Senate Health Committee required an amendment to omit homeschoolers from mandatory vaccination. See e.g., <https://www.sacbee.com/news/politics-government/capitol-alert/article19227906.html>. Dr. Pan later authored SB18, a bill that appeared to cryptically require future bills to standardize (one-size-fits-all?) healthcare for all children. The text of SB18 was similar to language in foster care manuals (mandating vaccination and more). SB18 was widely opposed by parental rights and homeschooling groups for Dr. Pan's political position of targeting families with mandatory vaccination. See e.g., <https://californiafamily.org/2017/rowdy-crowd-gives-senator-pan-an-earful-at-town-hall-on-bill-of-rights-for-kids-sb-18/>

Due to SB277, homeschooling is the last and only option for parents exercising the right of informed refusal of vaccination. Accordingly, Dr. Pan's conflicts-of-interest and apparent plan to target homeschool families for a future mandatory vaccination law is a plan to eliminate the medical ethic of informed refusal in vaccination. Senator Pan has a history of failing to disclose his conflicts-of-interest in this regard, and even failing to reference or account for the basic ethical law of informed consent, which ethic is represented here for example:

"Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice."

Universal Declaration on Bioethics and Human Rights, Article 6, *Consent* (19 October 2005) http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html

“No state party shall, even in time of emergency threatening the life of the nation, derogate from the Covenant’s guarantees of the right to life; freedom from ... medical or scientific experimentation without free consent... and freedom of thought, conscience and religion. These rights are not derogable under any conditions even for the asserted purpose of preserving the life of the nation.”

The Siracusa Principles on the limitation and derogation provisions in the International Covenant on Civil and Political Rights. UN Doc E/CN.4/1984/4 (1984).

Medical ethicists have long maintained that a patient who has been coerced to consent to injection of biotechnology or a medical procedure, due to fear of losing access to basic necessities (i.e., food, medical care, education) should not be presumed to have provided lawful informed consent to the injection or medical procedure. See e.g., Bi, S. and Klusty, T., Forced Sterilizations of HIV-Positive Women: A Global Ethics and Policy Failure, *AMA J Ethics*. 2015;17(10):952-957. doi: 10.1001/journalofethics.2015.17.10.pfor2-1510. <https://journalofethics.ama-assn.org/article/forced-sterilizations-hiv-positive-women-global-ethics-and-policy-failure/2015-10>

See also The American College of Obstetricians and Gynecologists, Committee on Ethics, Ethical Issues With Vaccination for the Obstetrician–Gynecologist, Committee Opinion Number 564, May 2013, (*Reaffirmed 2016*)

“As with all forms of medical therapy, informed consent must precede vaccination administration. In the informed consent discussion, health care professionals must discuss information central to the decision-making process for vaccination, including the indications, risks, and benefits of the vaccine and available alternatives, as well as possible consequences from nonvaccination. Data to inform these discussions are available to both health care professionals and the general public through Vaccine Information Statements found on the CDC’s web site (<http://www.cdc.gov/vaccines/pubs/vis>). Federal law requires that a Vaccine Information Statement be given to patients (or their parents or guardians) before each dose of certain vaccines.... In addition, health care professionals should respect patients’ informed refusal of vaccinations. For some patients, receiving vaccines conflicts with personal or cultural beliefs. For others, the perceived uncertainty of scientific research on vaccine safety hinders their acceptance of clinical recommendations for vaccination.... In cases where vaccination is declined, although termination of the physician–patient relationship is a possible option, it is often counterproductive and disruptive. Instead, [clinicians] have the opportunity to put alternative strategies into place to protect the health of the patient and that of the general community. Such strategies include patient education to monitor and manage symptoms at home and behavioral approaches to reduce risk associated with infection and transmission. [footnotes omitted]”

<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Ethics/Ethical-Issues-With-Vaccination-for-the-Obstetrician-Gynecologist>

Senator Pan Presents False Data

In the journal *Pediatrics*, Senator Pan provided no evidence for his claim, "Vaccines are safe, >1000 times safer than the diseases they prevent.... However, vaccine risks may be too high for

a few people, for example, those with a known severe allergy to a vaccine." This is exactly the type of irresponsible and unscientific advertising/propaganda that results in at-risk children suffering vaccine injuries.

For example, it has *not* been proven that the MMR vaccine is safer than measles. See Physicians for Informed Consent, Measles Disease Information Statement (DIS) and Vaccine Risk Statement (VRS). See also, Informed Consent Action Network, Introduction to Vaccine Safety Science & Policy in the United States ("Assuming VAERS captures 1 percent of adverse events (which is more than is estimated), then the number of adverse events reported to VAERS in 2016 would reflect for that year 5,911,700 adverse events, 43,200 deaths, 109,100 permanent disabilities, 413,200 hospitalizations, and 1,028,400 emergency room visits.")


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1986 Act: Vaccine Adverse Events Reporting System (VAERS)

5,911,700
In 2016, VAERS received ~~59,117~~ reports including:

- 43,200** ~~432~~ deaths,
- 109,100** ~~1,091~~ permanent disabilities,
- 413,200** ~~4,132~~ hospitalizations, and
- 1,028,400** ~~10,284~~ emergency room visits.

"fewer than 1% of adverse events are reported"
(Source: <https://healthit.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system>)

Children's Health Defense 

The Legislature should not reward Senator Pan for his attempt to propagandize the issue of vaccine safety around his own false numbers offered without any evidence whatsoever: ">1000 times safer" and "a few people".

With a broad brush, and without evidence in such article, Senator Pan attempted to criticize all physicians who "promote vaccine misinformation". Such a general accusation, in a paper filled with unsupported vaccination propaganda, represents Senator Pan's elevation of politics over science. And this is especially problematic because the politics in question (including this bill SB 276) are promoting the coercion and suppression of 'informed refusal'.

Especially because hundreds of new vaccines are currently in research and development, this Legislature needs to understand we are dealing directly with a human rights crisis.



If you believe that we can trust international pharmaceutical companies to inject people only with drugs containing toxins that are good for them, then you are neither a historian nor a critical thinker.

Critical thinkers learn from history and experience. They know how to read between these lines “vaccines are safe and effective” – that slogan is as archaic as the slogan for canned spam, “America’s miracle meat!” It is simply not true; it is corporate-sponsored advertising.

So the old advertising slogan “vaccines are safe and effective” is no longer taken seriously today by our institutions.

For example, multiple acts of Congress now recognize the *inevitability* of vaccine injuries. And the United States Supreme Court recently classified vaccines as “unavoidably unsafe” for product liability purposes. *Bruesewitz v. Wyeth* (2011).

While not a single child was injured or died in the United States from the Disneyland measles outbreak hyped by the Pharma-funded media in 2014-2015, during these same years the government data collection system on vaccine injury (VAERS) received 24 reports of a child dying from a measles vaccine. VAERS received 106 reports of a child being permanently disabled from a measles vaccine. VAERS reported 358 children being hospitalized from a measles vaccine and 1,939 reports of a child being rushed to the emergency room from a measles vaccine.

Remember also that the real number of vaccine injuries during that time was also **exponentially higher**:

Since VAERS is a passive system, it is inherently subject to underreporting. For example, a confidential study conducted by Connaught Laboratories, a vaccine manufacturer, indicated that “a fifty-fold underreporting of adverse events” is likely. According to David Kessler, former commissioner of the FDA, “only about one percent of serious events [adverse drug reactions] are reported.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3547435/>

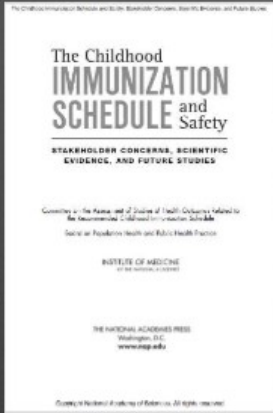
Commonly Asked Questions

Shouldn't scientific dissent be discouraged because vaccines promote the common good?

Pharma-funded government policy ironically dismisses the scientific method itself to promote a one-size-fits-all pharmacy for schoolchildren. Even vaccine-enthusiasts like Senator Pan must admit that their mandatory vaccination policies eliminate the continued availability of a control sample (a group of healthy & natural people) that challenge their assumptions.

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2013 IOM Report on Safety of Entire Immunization Schedule



“committee’s literature searches and review were intended to identify health outcomes associated with some aspect of the childhood immunization schedule. Allergy and asthma, autoimmunity, autism, other neurodevelopmental disorders (e.g., learning disabilities, tics, behavioral disorders, and intellectual disability), seizures, and epilepsy were included as search terms.”

“No studies have compared the differences in health outcomes ... between entirely unimmunized populations of children and fully immunized children. Experts who addressed the committee pointed ... to the fact that existing research has not been designed to test the entire immunization schedule. ... [Furthermore,] studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have not been conducted.”

2008 Interview 5 years later

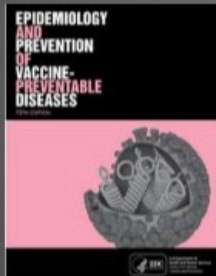
Children's Health Defense

But Don't Vaccines Save Me and The World From Infectious Diseases?

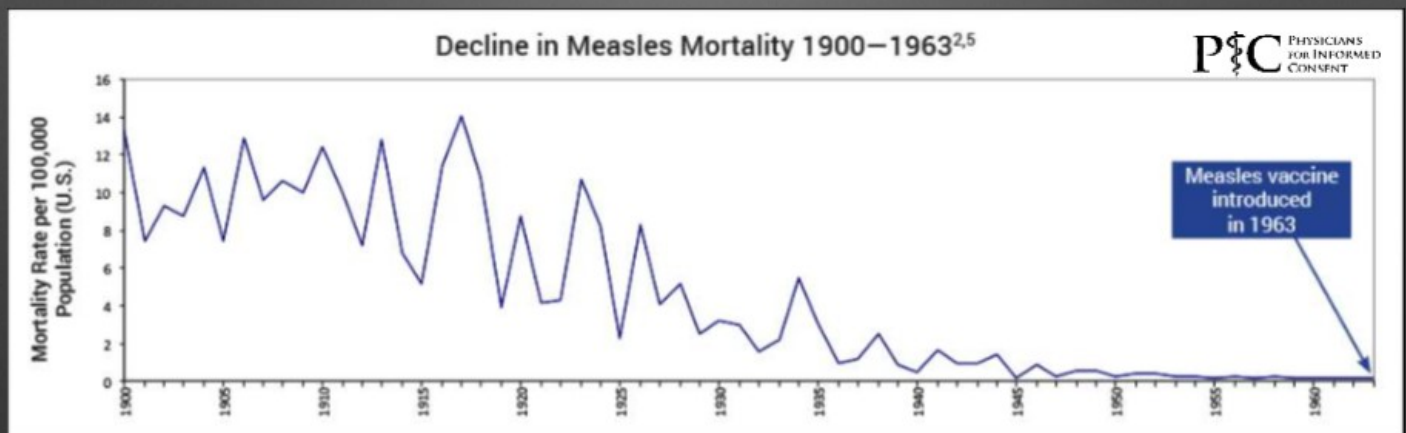
There are thousands of infectious deadly diseases on earth, and vaccines do not save you or the world from them. For example, as humans we living in symbiosis with billions of foreign organisms because of our natural immunity. But imagine if we rebooted mankind with vaccination instead, such that we needed countless vaccinations simply to sustain life today. In this manner especially, we can see that modern vaccination is unsustainable.

As for the approximately ten infectious diseases (many of which are quite mild) that were conveniently dubbed 'vaccine-preventable', we should consider that nationally collected statistics (studying large population sizes) call into question whether vaccines are really the touted saviors of the world.

Intro I. Pre-Licensure Safety II. Post-Licensure Safety III. Who is Responsible? Conclusion



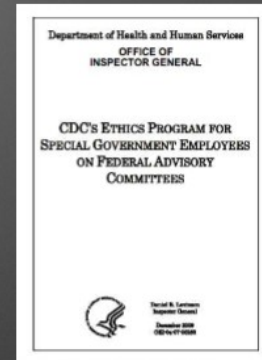
Vaccine (Year Introduced)	Deaths (Year Prior)
Measles (1963)	408
Mumps (1967)	43
Rubella (1969)	24



HHS Licenses, **Recommends**, Promotes and Defends Vaccines

2009 – HHS Office of Inspector General Investigation

- “CDC had a **systemic lack of oversight** of the ethics program”
- **97 percent** of committee members’ conflict disclosures **had omissions**.
- **58 percent** had at least one unidentified potential **conflict**.
- **32 percent** had at least one conflict that remained **unresolved**.
- **CDC continued to grant broad waivers to members with conflicts**.



Can we trust the CDC to be unbiased?

Even if we somehow ignored the rampant conflicts-of-interest, scientific fraud, and revolving door with Pharma, it is well documented that our Public Health institutions are structured to be biased toward Pharma.

HHS Licenses, Recommends, **Promotes** and Defends Vaccines

CDC's website claims over 130 times that: ***"CDC does not accept commercial support."***

British Medical Journal (May 15, 2015)

- “Despite the agency’s disclaimer, the CDC does receive millions of dollars in industry gifts and funding, both directly and indirectly, and several recent CDC actions and recommendations have raised questions about the science it cites, the clinical guidelines it promotes, and the money it is taking.”
- “classic stealth marketing, in which industry puts their message in the mouths of a trusted third party”
- Quoting UCLA Professor of Medicine: “Most of us were shocked to learn the CDC takes funding from industry ... it is outrageous that industry apparently is allowed to punish the CDC if the agency conducts research that has the potential to cut into profits.”

For example, the CDC is as biased as one would expect the California High Speed Rail Authority on the 'necessity and safety' of high speed rails going through your backyard, or the California Board of Equalization on the constitutionality of some new tax law on your body.

There is no surprise that the CDC beats the drum in favor of current Pharma-funded policy. What is surprising though is how extreme this lesson has become, where the CDC now suggests that all natural children are grave threats to society, and the only cure is more biotechnology.

What is the Lesson?

Vaccines powerfully reveal the power of automatic association changing our body. A vaccination is a targeted tool for biological association. To understand anything about this subject, we must first learn what a vaccination is - it is an extremely profitable pharmaceutical drug (biologic) made by taking pieces and parts of bacteria or viruses, or modified live viruses, then cultivating them in media (and sometimes aborted human fetal cells), and then mixing that concoction in a laboratory still further with chemical toxins and food ingredients (such as formaldehyde found in cleaning supplies, aluminum found in cookware, peanuts, eggs, and so much more). The final product is called a "licensed drug" (it is also patented as a biotechnology) and then it is injected into the soft tissue of a human approximately 70 times, from birth to age 18, to repeatedly stimulate that human's immune system both at the time of the injection but also for years into the future. How does a vaccine continue to stimulate years into the future? Because of *association* - the vaccine *trains* the body primarily to (1) associate the injected virus or bacteria with the simultaneously injected ingredients, and (2) to produce antibodies.

What does this mean? It means the problem with vaccines is that they "work", because the body doesn't just *learn* to fight the target antigen of disease; the body *learns* to fight everything in the vaccine (including those other ingredients). So that takes a toll on a human over time, fighting everything, often causing chronic inflammation. Fighting your aluminum cookware. Fighting your egg sandwich. Fighting the cleaning soap sprayed on your desk. What does this fight look like? It can look like loss of energy, joint pain, a runny nose, an allergic reaction, a skin disorder, a seizure, and so much more, even death. That is what happens by repeated over-activation of the immune system. This generates chronic illness (which is where fully vaccinated persons regularly go, into a state of chronic illness).

But humans are resilient, and forgetful! Many are not overtly phased by vaccines because our bodies don't react to the vaccine itself or otherwise simply don't learn from the vaccine: Pharma calls these people non-responders (one way they verify this in a laboratory is with a titers test).

I'll say it again, humans are resilient. And we can take a punch any day of the week, that is we can fight our cookware on Monday and live to tell about it on Tuesday. Most of us can take a punch every day of the week, and many of us are born fighters. But fighting takes its toll. We have learned from the professional boxer - he looks strong on the outside at age 24, but when we look at this same man at age 40, we have seen plainly that even the strongest people are not meant to fight too much.

Why are we fighting nature?

I thought we were supposed to be finding harmony with nature? The reason we are fighting nature is simply because we are not learning symbiosis. We are not learning that we can heal ourselves naturally. Ultimately, Pharma-funded government policy has chosen biotechnology to replace biology.

Ironically, Vaccines Teach Reaction Rather Than Learning

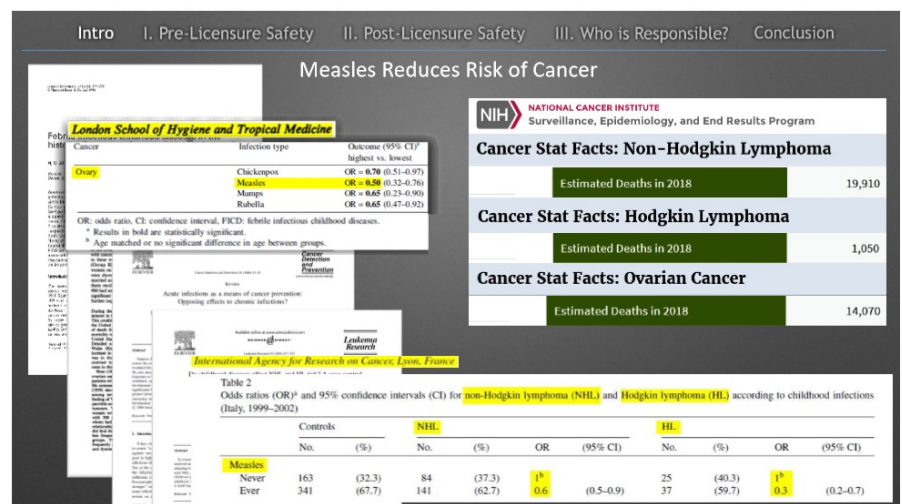
Through the power of association, vaccines teach the body to react *instantly* to every ingredient in the vaccine. This automatic process obviates the need for the longer-term learning process that occurs through natural immunity over years and generations.

Nature is helping us as long as we seek symbiosis. Our ancestors learned it is sustainable to develop natural immunity safely, not only through nature's food & remedies, but especially through clean & sanitary living. History has shown us that in the modern era of abundantly available food & remedies, together with clean and sanitary living, only a tiny percentage of people ever suffer a fatal or debilitating fate due to infectious disease. Indeed, statistically, just a little common sense is needed to identify health issues and heal yourself. Compare vaccine injury, which is statistically the new pandemic. It is interesting indeed that our modern societies have not used our power of association and deeper learning to connect the dots with these facts; the majority of people have instead assumed & reacted that biotechnology rather than healthy living is responsible for improving our lives and health.

Wisdom in Natural Adversity

The wisdom of our generations is that natural adversity, challenge, and correction all strengthen us over time. Disease is a vital and helpful part of nature for all living beings – natural disease organisms are not meant to be eradicated, but rather bested by our own bodily integrity. Goodness gracious, even measles is meant to be respected given that it is among nature's symbiotic remedies for cancer.

Vaccinating against disease is like spraying your house with poison. It may kill spiders or termites temporarily, but nature will still have the last word in that house. Poison is always short-sighted thinking; and mass poisoning of the entire planet is simply suicidal. Modern vaccination itself is suicidal; most people just haven't learned why yet, which is precisely why



there are 200+ new vaccines currently in research & development – the process of learning this lesson is inevitable (we'll either learn or kill ourselves trying).

When we awaken our natural processes, our natural inclination for symbiosis with nature, we find harmony. The process may take more effort (interaction with nature) and may take longer than we desire, like an engineer who labors decades to complete a sustainable & fractal filtration system, but ultimately it's worth it. Quality and sustainability are worth it.

I am "vaccine aware", not anti-vaccine. I realize that Senator Pan and his vaccines are fulfilling a great purpose in society – to teach us a lesson about the consequences of replacing our sustainable natural biological processes with unsustainable biotechnological dependency. I am not anti-vaccine or anti-Pan because I am not against society learning this lesson. The lesson itself, once learned, is vital to protect us from the greater immediate and future threats of biotechnology.

The Fundamental Issue of Our Time – We're Trying to Replace Biology with Biotechnology

Modern history reveals we are increasingly dependent on the artificial. And so the fundamental issue for our age is that we're trying to replace biology with biotechnology. And the faster "progress" we make (i.e., escalating vaccination) the more we overextend our leverage to remove ourselves from the truth of our natural bond and symbiosis with Earth and one another as living organic people with tremendous abilities to protect and heal ourselves naturally.

When given the opportunity, I do not advocate the abandonment of technology, but rather the precautionary principle and checks and balances to enforce sustainability for organic and natural humans, animals, plants, and planet. Vaccines are not organic.

The exploration of our universe with safe and humane technology makes sense. By contrast, today's hyper-technocratic society, beholden to industrial special interests, depends on an experimentation strategy with technology, which has already proven unsustainable because it is already harming biology exponentially. Indeed, many scholars have observed we are on the verge of planetary crises caused by unsustainable yet highly profitable technologies. Vaccines are one of those unsustainable yet highly profitable biotechnologies.

Let's work together to respect nature.

Regards,

Greg Glosier