

## Speaking Truth About Vaccination *“The Syringe of Death”: Coming Soon to a Police Station Near You*

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*The Voice of Global Health Freedom™*

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This essay exposes four “Cold Hard Facts” –

**Cold, Hard Fact # 1:** Vaccines are *not* safe: vaccines are dangerous. They are not even tested for safety.

**Cold, Hard Fact # 2:** Vaccines have not eradicated diseases: vaccines *spread* diseases.

**Cold, Hard Fact # 3:** Flu vaccines do *not* protect people from flu-related deaths.

**Cold, Hard Fact # 4:** Potential pandemic viral diseases like the Avian Flu do not have safe and effective vaccines to prevent them and there are no drugs to treat them effectively– but good nutrition and natural remedies are useful.

[This essay was written in the context of Congressional passage of some of the earliest “pandemic emergency” laws.]

*Senator Richard Burr (R-NC) thinks he owns your body.*

If he’s right, you will have no say over what gets injected into it and no recourse under the law if it harms or kills you.

That is, if Burr gets what he’s after and S. 1873 passes the US Senate. Burr’s bill, "Biodefense and Pandemic Vaccine and Drug Development Act of 2005", establishes the Biomedical Advanced Research and Development Agency (BARDA), a secretive and secret agency exempt from public scrutiny, the Freedom of Information Act and the Federal Advisory Committee Act. BARDA will be the only agency which can declare a pandemic condition and may do so for any (or no) reason. Operating in secret, BARDA will be responsible for the advanced research and development of drugs and vaccines (in partnership with pharmaceutical companies), and, because the contents of those vaccines will remain shrouded in BARDA darkness, any injuries and deaths caused by drugs and vaccines which BARDA labels “countermeasures” to any BARDA-declared threat may never be known. <sup>1</sup>

Even if those contents do become known, S. 1873 cancels any manufacturer liability for the companies that made the vaccines or drugs. Injured parties will have no legal means of securing compensation from either the government or the companies themselves.

And BARDA can declare a pandemic (at any time) and require mandatory universal *forced* vaccination.

Can we assume that these vaccines will provide us *any* protection at all? Perhaps, but it's not likely. First, clearly understand that under BARDA you may be "legally" subjected to experimental drugs – drugs which have no track record at all – and, second, with or without the advent of BARDA, it is now more important than ever that the real truth about vaccines be widely and quickly disseminated. There are reported to be more than 200 new vaccines "in the pipeline". If they, along with the ones in use now, are not safe, we, and our children, are not safe.<sup>2</sup>

All of us have been carefully conditioned to believe that vaccines are safe. But the truth is ugly and, with BARDA staring us in the face, more than a little frightening. Here are the cold, hard facts:

**Cold, Hard Fact # 1:** Vaccines are *not* safe: vaccines are dangerous. They are not even tested for safety.<sup>3</sup>

The evidence is abundant that the tragic cost of loading babies and children up with toxic brews of mercury, aluminum, formaldehyde, injected foreign protein, stealth viruses and, in the second generation vaccines, the deadly immune enhancer squalene, is unacceptably high. Lives are ruined and lost in these children when toxins overwhelm their immune systems and brains and cause tragic, totally preventable suffering and death. Autism (occurring in 4 children per 10,000 when I graduated from medical school in 1970) now afflicts a minimum of 1 child in 168 in the US. Children have not changed: the poisons we give them have. Gulf War Syndrome, a pervasive, progressive, deadly auto-immune disease afflicting over half a million US veterans, appears to be a deadly vaccine reaction to an experimental vaccine (Anthrax) which the US used on soldiers without their consent in clear violation of the Helsinki Declaration and the Nuremberg Code, international conventions and agreements which prohibit human experimentation without full informed consent.

The concept of informed consent, is, of course, is meaningless in the face of compulsory vaccination with secret ingredients and no manufacturer accountability.

Contaminants make vaccines tremendously dangerous. Swine flu (for a pandemic which never materialized) was contaminated with polio virus in 1976. Over 45 million Americans were vaccinated in just 77 days and although there were *only 6 cases of Swine flu in the entire country* the vaccine reportedly caused at least 565 cases of polio paralysis (renamed "Guillain-Barre Syndrome" for the occasion), 60 deaths and other serious problems, including blindness and impotence. (There is no reason to feel reassured because this particular disaster occurred in the past: every flu vaccine is capable of passing along Guillain-Barre (polio) and other unsuspected viral diseases.)

**Cold, Hard Fact # 2:** Vaccines have not eradicated diseases: vaccines *spread* diseases.

Attenuated viruses (infective, weakened versions of the dangerous ones) are commonly used in vaccines so that, the theory is, your body will develop an immune ‘memory’ for that virus. The next time your immune system meets that *specific* virus, it rapidly combats it by producing large numbers of antibodies. This practice and theory derive from the dawn of vaccination: Edward Jenner’s pioneering use of cowpox pus inoculations to, it is claimed, eliminate smallpox. This innovative and surprising medical treatment is touted as one of the triumphs of modern medicine. It makes a wonderful *story* but, in fact, inoculation not only spread smallpox, it caused well-documented epidemics of syphilis and leprosy in inoculated people, especially babies (who have immature immune systems). In spite of the documented associated dangers of leprosy, syphilis, smallpox, death and blindness, England provided free vaccination in 1840, made it compulsory in 1853, and punished lack of vaccination with seizure of property and imprisonment in 1857 (which should sound familiar). It took a British Royal Commission some 41 years more to put a stop to the deaths and disease that Jenner’s unproven technique caused. Finally, in 1898, England’s compulsory smallpox vaccination laws were overturned.

In 1854, the first year of British *compulsory* vaccination, deaths from syphilis in infants under 1 year increased by 50% and continued to rise steadily after that. In 1802 Jenner had been paid 10,000 pounds by the House of Commons. Shortly afterwards, it became clear that vaccines did not work. Rather than lose face, the House of Commons granted Jenner another 20,000 pounds in 1807 and 3,000 pounds a year thereafter.

Jenner knew that milk maids who milked with active pus-filled sores on their hands transmitted pox to their cows. Local superstition held that the cow’s pus was a preventive against small pox. Jennings learned from a local farmer, Benjamin Jestey, that he had inoculated his wife and 3 children with cowpox pus by jabbing them with a darning needle and they did not contract small pox. Jenner assumed that this meant they were protected against smallpox. To the modern ear this is absurd. In Jenner’s day, neither methodology nor the scientific method were part of the culture.

Jenner, a village apothecary who purchased a University of Edinburgh MD for 15 pounds, was a showman who made much of his “discovery” and hastened to induce Sarah Nelmes, a young milk maid with a fresh lesion on her finger, to allow him to collect pus from her sore. He inoculated an 8 year old named James Phipps who developed a fever and a pustule on his skin. Seventeen days later he inoculated the boy again, this time with small pox. Since the boy did not develop smallpox, Jenner concluded that “protection was complete”.

Jenner hawked his inoculation but people started to complain because they were developing smallpox (and syphilis) after vaccination with Jenner’s cowpox. Jenner switched to infected material from horses’ heels instead (“Horse-grease”). John Baker, the child he inoculated with horse-grease, however, died before he could expose him to small pox. Undeterred, he inoculated 6 more children with horse-grease and was so convinced that the results would be positive that he rushed to London to publish them before there *were* any results. The [untested] “success” of James Phipps’ inoculation and his London paper established Jenner’s method and his success. Revolted by the idea of horse-grease inoculations, people demanded cowpox inoculations again. Jenner complied.

But just what is cow pox? In tropical countries it is cutaneous smallpox (a non-lethal disease often present along with leprosy) plus leprosy, while in more moderate climates the milk maids were transferring syphilis to the cattle along with their cutaneous smallpox.

Jenner was making his brew from the cowpox pus and the results were nothing short of disastrous for untold numbers of people.

Modern small pox vaccines are produced in much the same way: lesions are induced on the skin of calves and, after they are “sacrificed” [and sold for veal?], the harvested material from their lesions is cultured in eggs and prepared as vaccines.

However, although immunity fails to develop more than 80% of the time, serious side effects are distressingly common from the modern small pox vaccines: At least 52 people out of every million will have life threatening events and 1-2 will die. Permanent damage to heart, brain, skin and GI effects are also well known side effects. The Center for Disease Control (CDC) notes that serious side effects and dangers probably occur much more often since many people can be harmed by live virus vaccines: immune compromised people (on steroids, with eczema or psoriasis, nursing babies, pregnant women and their fetuses, people with HIV/AIDs, transplant patients, chemotherapy and radiation patients, people with auto-immune diseases, young children, asthmatics, etc.) are at serious risk for contracting the same disease that the inoculation is designed to prevent or worse.

In the US, the CDC classifies more than 60 million people as immune compromised. People who are re-inoculated after many years are particularly susceptible to severe and life threatening reactions. Those who are ill are likely to develop severe effects as well. In fact, Tommy Thompson, former Health and Human Services boss, said that he would not take the vaccine although the US is stock piling “a dose of smallpox vaccine with every American’s name on it”. Perhaps the one with his name has been changed so it reads, “To Whom It May Concern”.

S. 1873 and BARDA would, according to its proponents, allow absolutely no exemptions for medical conditions or personal conviction. None.

Dr. Mike Lane, former director of the CDC’s so-called “smallpox eradication program” in the 1970’s, is a proponent of mass vaccination with no exemptions saying, “Medical contraindications would not apply... there would be NO exceptions. [In India] I’m sure that we killed a few people, but we did the best that we could....If the person is exposed there will be no exemptions, medical or otherwise.” \*

When a live virus is used in the vaccine, infective virus is shed for anywhere from 4 to 21 days (or more) and, during that time, inoculated persons can give the disease, or the side effects of the inoculation, to any vulnerable person with whom they come into contact. So, the vaccine-pushers might say, “While it may be true that vaccines have spread disease, isn’t it also true that vaccines have eliminated the epidemic diseases of the past?”

No, actually they have *not*. Neither Jenner’s cowpox inoculation nor modern smallpox inoculation did anything to eliminate smallpox (quite the contrary). The fact is, Dr. Charles A. R.

Campbell discovered that smallpox is transmitted by the flying bedbug, *Cimex lectularius*, and that eliminating this parasitic insect from human habitation eliminates smallpox, too. Personal hygiene and better housekeeping eliminated the deadly scourge. (Dr. Campbell also discovered that the disfiguring pocks of the disease could be prevented by a diet high in Vitamin C.)

When the World Health Organization (WHO) declared the planet “smallpox free” in 1980, they did so administratively, not medically: small pox incidence was reduced, but not gone, despite nearly *universal* vaccination. What to do? WHO solved the “problem” cleverly: they *renamed* the disease “cowpox” and “monkey pox”. *Shazam*: a smallpox-free planet, quicker than you can say, “Junk Science!”

Other epidemic diseases were in sharp decline at the end of the 19<sup>th</sup> and early 20<sup>th</sup> centuries as a direct consequence of improved nutrition, hygiene and other life-style changes.

Measles, Diphtheria, Whooping Cough, Polio and Hepatitis B were all in sharp decline long before vaccines were introduced. The contribution to the decline made by vaccines, however, was negligible or non-existent. Scarlet Fever, typhoid fever and cholera, for which inoculation either did not exist or was never wide-spread, declined on the same sharp curve for the same reasons. So do we need inoculations because of the public health hazard? Despite the considerable hype, in fact, there is no unbiased evidence which connects disease prevention with inoculation.

**Cold, Hard Fact # 3:** Flu vaccines do *not* protect people from flu-related deaths.

The CDC claims that an astonishing 36,000 people die from flu in an average year. But according to the former Secretary of Health and Human Services, Tommy Thompson, 68 people under 65 die from flu each year in the US. The truth is that in 4 years, a total 4,440 people, mostly elderly, died from flu, nowhere near the CDC’s touted 144,000 deaths. While that figure is great for flu vaccine sales, it derives not from reality but from the CDC’s industry-friendly statistical trick of classifying *all* pneumonia-related deaths, despite any lack of evidence, as flu deaths. Discussing this nonsense, Lone Simonsen of the National Institute of Allergy and Infectious Disease/NIH, writes in *The Archives of Internal Medicine* "We could not correlate increasing vaccination coverage after 1980 with declining mortality rates in any age group. Because fewer than 10% of all winter deaths were attributable to influenza in any season, we conclude that observational studies substantially overestimate vaccination benefit."

**Cold, Hard Fact # 4:** Potential pandemic viral diseases like the Avian Flu do not have safe and effective vaccines to prevent them and there are no drugs to treat them effectively – but good nutrition and natural remedies are useful.

Despite that fact, on September 15, 2005 the US purchased \$100 Million of a French *experimental flu vaccine* “designed” to protect against bird flu. It’s so experimental, in fact, that although the US has purchased megabucks worth of the stuff, the French manufacturer, Sanofi-Pasteur, is planning to experiment with adjuvants (alleged “immune response enhancers” – serious immune system toxins in reality) to “rev up” human response to it. Perhaps the adjuvant is the same one that the Army used in the deadly Vaccine A against anthrax: squalene.<sup>4</sup>

The purchase is real, but there is currently no such thing as a vaccine for pandemic bird flu. Unfortunately, even if vaccines did work (they don't) and were safe (they're not), a virus has to actually exist before you can make a vaccine that can control the disease. The pandemic version of the latest bird flu does not yet exist. Vaccines are very specific: it is alleged they train the immune system to make antibodies to a particular protein sequence. Because those antibodies are highly specific, guessing wrong on which flu strain is coming soon to a droplet near you has led to an embarrassing history, year after year, of ineffective flu shots against the wrong strain of virus. People developed side effects, but the shots did not ward off the flu since the vaccine misfired with regard to the virus it was supposed to be protecting people against. And, oh by the way, experimental vaccines are not even alleged to be safe. No one knows what effects they will have. And, under BARDA, no one (least of all the manufacturer) will need to worry about that.

Allegedly, the bird flu pandemic version has not yet mutated and therefore does not exist so there is no way whatsoever to make a vaccine against it. Not even the US Government can make a vaccine against an imaginary virus. But that is just what the government wants us to believe they can do. Clearly, the French experimental flu vaccine purchase is a political, not a public health one. IF the bird flu mutates and becomes pandemic, it would take between 4 and 18 months to gear up to make commercial quantities of the vaccine. In the meantime, anyone getting the bird flu and surviving it would have natural antibodies to the disease. But right now, unless the already-mutated pandemic H5N1 virus is being stock-piled in a laboratory for convenient release at an opportune moment (which is certainly possible), the virus needed to make a real bird flu vaccine exists only in fearful imagination.<sup>5</sup>

So what would BARDA inoculate you with? Who knows? A nanochip to track you, perhaps? The technology exists. An experimental drug, maybe? Something that someone wants to test on huge numbers of people whether they like it or not? Squalene? Perhaps. Perhaps not. Only BARDA would know. You won't.

BARDA would be above the law and beyond investigation. Consider: the anthrax vaccine currently being tested on US 2<sup>nd</sup> and 3<sup>rd</sup> graders contains squalene. The experiment is therefore not about anthrax (the vaccine is only approved for cutaneous anthrax, a nonlife threatening disease highly unlikely to be used, therefore, as a bio-weapon) but rather about what happens to children given a deadly substance which stimulates their immune systems to destroy their bodies over time. After World War II, the managers of IG Farben, the vast German industrial combine, were imprisoned for Crimes Against Humanity for precisely this kind of activity. Who will be convicted this time? The head of super-secret BARDA? On what secret evidence? This is what the government/pharmaceutical cabal is doing now in full view of the public and of Congress. Can you imagine what would happen if there were no public scrutiny at all and no legal liability for any ill deeds whatsoever? Only if you can imagine BARDA. BARDA is a medical Gestapo.

It would have the power to initiate a medical marshal law from which the only escapes would be prison, death, fleeing the country or rebellion. Concerted public "push-back" and a strong demand for government respect for our Right to Self-Shield (in our own homes) in the event of a real pandemic can bring the light of Truth about vaccines to the light of day.

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Notes:

Original text footnote:

\* <http://archinte.ama-assn.org/cgi/content/abstract/165/3/265>

Updated text footnotes:

1. BARDA was eventually established under the Project BioShield Act of 2005, and describes itself thusly:

“BARDA manages Project BioShield, which includes the procurement and advanced development of medical countermeasures for chemical, biological, radiological, and nuclear agents, as well as the advanced development and procurement of medical countermeasures for pandemic influenza and other emerging infectious diseases that fall outside the auspices of Project BioShield. In addition, BARDA manages the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE).”

<http://www.hhs.gov/aspr/barda/index.html>

2. Our predictions were proven correct when the Emergency Use Authorization (EUA) procedure was used to issue blanket authorizations overriding normal safety and other limitations, and including immunity for government agents for any liability arising from the approval or use of uninsurable, un-safety tested and unproven “Swine Flu – H1N1” vaccines, tests and “treatments” in 2009.

“(<http://www.flu.gov/>; <http://www.cdc.gov/h1n1flu>;

<http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm150305.htm>)

- A Public Health Emergency is in effect (under Section 319 of the Public Health Service Act).
- CDC has released to states 11 million treatment courses of the antiviral drugs Tamiflu and Relenza.
- FDA has issued Emergency Use Authorizations for certain unapproved uses of Tamiflu and Relenza, for use of certain respirator masks, and for use of unapproved diagnostic tests for the new H1N1 strain.
- CDC has issued guidances for the general public; for clinicians and laboratories; regarding pregnant women and other groups; regarding travel; and regarding affected schools and communities.
- The U.S. federal government and manufacturers are developing a vaccine against the pandemic flu strain, and preparing for a possible immunization campaign in the fall. HHS Secretary Sebelius has waived liability resulting from the use of these products, and enabled an injury compensation program.
- Congress provided up to \$7.7 billion in emergency supplemental appropriations (P.L. 111-32).”

<http://fpc.state.gov/documents/organization/128854.pdf>

3. "Norman Baylor, PhD, director of FDA's Office of Vaccines Research and Review, explained the FDA's probable decision to go ahead with the simplified approval process, rather than a lengthy new drug application process. "We have decades of experience with H1N1, that's why we feel we can do this with a strain-change," said Dr. Baylor."

<http://www.medpagetoday.com/ProductAlert/DevicesandVaccines/15230>

It should be noted as a matter of common knowledge, the last time there was a "Swine Flu" vaccine, in 1976, the only time in the "decades" alleged by Dr. Baylor for which there was a "Swine Flu" vaccine, the vaccine killed hundreds and maimed thousands in a well-known historical fiasco that forced the FDA to stop the use of the vaccine after ten week of availability to the public. How can the FDA now claim such fore-knowledge of safety for the Vaccines at issue here that safety testing is not required? Especially where the unapproved, toxic adjuvant squalene will likely be used in most, if not all, the vaccines to be approved under an EUA.

See: <http://www.cdc.gov/ncidod/eid/vol12no01/05-1007.htm>

4. Ultimately, in 2005, the deadly Anthrax vaccine was condemned by Federal Judge Sullivan in the case of Doe v Rumsfeld, USDC for the District of Columbia, Case. 03-707 and only permitted to be used in the Military "voluntarily" – and that, only after the government issues an EUA overriding the Judge's finding that the squalene adjuvant was an unapproved drug. That finding was never appealed by the government.

5. Nearly everything we wrote in 2005 about the Avian Flu – H1N5 can be said in 2009 about the now officially declared "Swine Flu Pandemic" – a pandemic in name only, that will become a pandemic in reality only if the uninsurable, un-safety tested and unproven "Swine Flu – H1N1" vaccine is taken by enough people to trigger the pandemic. If enough people resist the jab, there is little likelihood of the disaster the vaccine-pushers so-self-servingly predict.

For Pandemic Preparedness see: Professional Advice Regarding Self-Shielding in a Pandemic  
<http://www.healthfreedomusa.org/?p=752>

Rev. 09/09/09