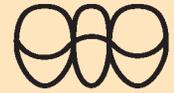


Wise Traditions



IN FOOD, FARMING AND THE HEALING ARTS

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President's Message

This issue is devoted to the subject of vaccinations—not the major focus of WAPF (which is nutrition), but a subject that fits well into our mission statement of nontoxic therapies.

We are hearing some strong words about the current “vaccination wars”—the push to make vaccinations mandatory in many states. One critic called vaccinations “biochemical warfare against a largely unsuspecting public, particularly children, disguised as disease prevention by means of Mickey Mouse science.”

Said another observer: “We are struggling against one of the most dangerous, diabolical and powerful cults in the U.S.; that is, 'science-based' and 'evidence-based medicine' within the Church of Scientism. Undoubtedly when future historians scour what remains of the news, computer files and texts from the early 21st century’s Vaccine Age (assuming anything of humanity remains), they will identify a delusional global dictator (Bill Gates) and the cult’s preeminent false prophet (Paul Offit) as the principal harbingers of vaccine barbarism. Certainly by then a new paradigm, which fully comprehends the advances in epigenetics and the functions of the epigenome, biological systems theories and biophysics will have informed our future ancestors that vaccination, as practiced during the primitive 20th and 21st centuries, was a medical abomination.”

More strong words: “From its inception vaccination has been fraught with no science, fraud, corruption, and big government money. Injecting cow belly pus and horse hoof pus into babies to keep them from getting sick? Roll forward to today's ingredients. How can this possibly be believed to be benign and for the good of the whole? Sinister indeed.”

We agree with the critics that vaccination as practiced today is a two hundred-year-old mistake. We hope that the selection of articles in the current edition will justify these harsh words, but also give our readers the tools they need to protect themselves from both the vaccinations themselves and from the infectious diseases against which these vaccinations are supposed to provide protection. And meanwhile we will continue sending action alerts to various states where bills requiring mandatory vaccination are up for consideration in the legislatures.

On a happier note, our annual conference is not far off, and we are looking forward to seeing many of you there. For more information on Wise Traditions 2015, see pages 18-21. As always, we have a great lineup of speakers, a wonderful array of exhibitors and will be serving delicious, nutritious meals. Both newcomers and conference veterans will come away enlightened and inspired. 



Letters



MURDER OF THE INNOCENTS

It is important to be honest and accurate when we describe what is happening today as we vaccinate our children for any and all diseases, even diseases that strike only small sections of the adult population, injecting a cocktail of toxins into their bloodstreams. There is but one way to describe this: the murder of the innocents.

Only they are usually not killed right away. When a vaccination goes wrong, which is happening with greater and greater frequency, what ensues is a kind of living death, which affects not only the victim but his or her entire family, and for many years. These children need constant care and constitute a hidden population of sufferers, most of whose parents are too traumatized and too busy to take any active role in opposing the forces that damaged their child. Suffering, poverty, isolation, divorce, despair—these are some of the consequences of vaccinations gone wrong, as parents spoon-feed and change the diapers of their twenty-year-olds.

Biblical tradition describes three instances of murder of the innocents—at the birth of Abraham, the birth of Moses, and the birth of Jesus. Each of these signaled a new dispensation, characterized by a steep change in the development of the independent personality, a leap forward, so to speak, in spiritual awareness and growth. And this modern murder of the innocents will be no different, because it will eventually force everyone to learn to distrust authority, to question the establishment, to think critically about everything that issues from the mouth of government and modern institutions. Those who continue to

trust will lose their children; those who are wary, who think critically and who are strong enough to refuse vaccinations will be blessed with healthy children and grandchildren.

It is a frightening proposition for many people to think for themselves, but this is what the vaccination wars are forcing people to do.

Beth Verity
Sacramento, California

VACCINATIONS AND SPIRITUAL GROWTH

In the early 1920s, the esoteric philosopher Rudolf Steiner warned that in the future, vaccines would be designed as make it impossible for individuals to have a spiritual life—that people who got vaccines would be unable to recognize or understand the existence of a supersensible world and the role it plays in our lives, and only accept as real the physical world they can see, touch and hear.

There is an actual scientific explanation for this effect: the mercury and aluminum in vaccines have adverse effects on the pineal gland. The pineal gland is said to be the “seat of the soul,” and Steiner said that the pineal gland would gradually evolve to become a “third eye” that would allow us, as fully developed individuals, to see into and receive enlightenment from the spiritual worlds. Thus, the practice of vaccination disrupts this process of evolution, one that human beings long for, one that Steiner claimed is actually necessary for our happiness and survival.

Bob Stewart
Rockville, Maryland

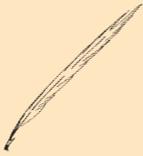
VACCINES AND ALLERGIES

I have been wondering about the differences and similarities between vaccinations and allergy shots. The experts say vaccines make your body react a certain way to a pathogen, but they use allergy shots to make your body *not* react a certain way to an allergen.

According to an article I read recently, the early vaccine developers recognized the fact that the injection of various substances directly into the bloodstream would cause allergies. The article listed the most common allergens and documented how they are used in vaccines. So that suggests there is a direct link between all those common vaccinations and allergies. It makes sense to me. It's not normal for substances that are otherwise used as food to be injected directly into the bloodstream. It seems like it would be similar to “leaky gut syndrome,” where undigested substances reach the bloodstream without passing through all the normal channels first.

Since I have been paying attention to the health of my gut flora (trying to keep the “good guys” healthy so I don't have to restrict my diet), my greatest concern about vaccinations has been the heavy metal preservatives that stay in your system, continuing to kill “germs”—that is, our beneficial bacteria. Then, of course, there's the prevalence of glyphosate, originally patented as an antibiotic and chelator! Avoiding

Gifts and bequests to the Weston A. Price Foundation will help ensure the gift of good health to future generations.



Letters



foods tainted with glyphosate is hard to do.

I have been able to avoid flu shots for more than ten years now, but I did have to fend off my child's pediatrician when he brought up the Gardasil shot the last time we were in. He started talking about it while he was looking at the chart, then paused and looked at me. I was trying to keep a poker face, but I guess my antagonism showed in my face. I didn't say anything, but he quickly dropped the subject.

I agree with your recent press release that people who are injected with vaccinations actually end up as carriers of those pathogens, but their system just doesn't mount a defense. Vaccinated people don't present the symptoms of fighting an infection, so we are told that they're "immune" to the pathogen. And isn't that the same result doctors are seeking when they give allergy shots? They just want your system not to react to the presence of the allergens, right?

I'm beginning to wonder whether the "package" (combination of pathogens, preservatives, culturing medium, and other adjuvants) they use for vaccinations doesn't just kill off the "first responders" of the immune system, and then the body labels everything that was in that package as a threatening intruder, and that's why the allergic response is triggered later.

I've never been a rabid anti-vaxxer, but it really does seem like these vaccinations are getting out of hand. My poor sister is at risk in her job. They practically dragged her in bodily for a flu shot a few years ago, even though she had filed the proper paperwork for an exemption. While she was being "violated" (her words), she did hear

them discussing how they were going to get all the hundreds of other employees to get their shot. So it sounds like non-compliance is rather a big problem, even in a hospital setting! Maybe that's why I keep hearing pro-vaccination stories in the news so often these days.

I'm curious about how the biome influences the immune system. It seems like it is a sort of mediator between pathogens and allergens and the immune response. Now that we are seeing more and more articles and books about how important our microbiome is, and how the good bacteria are threatened from so many directions, I would love to see a definitive article from WAPF about it. You guys are so good at making complicated issues understandable!

Laura Davis
Stillwater, Oklahoma

VACCINATED WITHOUT PERMISSION

I received a call from a very distressed young mother about three weeks ago. She took her seven-month-old son in to see the pediatrician for a lingering cough. As soon as the doctor saw that the baby was "overdue" for his second DTaP, she began pressuring the mother to allow the vaccine to be given right away. Mind you, the child had a cough. The mother explained that her son had experienced severe eczema right after receiving the DTaP at four months of age and so she had decided to delay the second booster until she better understood why he reacted. She also explained that she had an appointment six days later to see an allergist to discuss her concerns.

This didn't stop the pediatrician from hassling the mother. She finally told her she really needed at least to

give her son the tetanus shot "because he's a boy." Seriously. The doctor went on to explain that because he was a boy he could be crawling on the living room carpet and come upon a rusty nail, end up with a puncture wound and contract tetanus. Mind you, this family lives in the suburbs, not in the outback or on a farm. The doctor reminded her that she had studied about tetanus and vaccines in medical school and knew far more than Barbara Loe Fisher. My client had not a clue who Ms. Fisher was. Up until then, this mother knew no one who didn't vaccinate their children except one friend, and she was only beginning to educate herself. The mother agreed to allow the doctor to give her son the tetanus-only vaccine.

Later that evening the mother noticed that her son was no longer saying "mama" or "dada." Nor was he cooing. He woke a few hours after going to bed with a fever, a high-pitched scream, horrific eczema outbreak and flapping hands. The following morning the pediatrician's office confirmed that the culture relating to his cough was negative. When the mother explained that he had screamed all night and had fever along with flapping and eczema covering his back, she was told by the nurse that this had nothing to do with his shot, and by the way "he was given the full DTaP, not the tetanus only," and that he was "just reacting due to his cold." I am not making this up. It's hard to believe that the doctor would blatantly go against the mother's very clearly expressed wishes but this really happened.

A couple of days later the baby experienced two seizures and was taken to Children's Hospital where they stayed for two days. Never would the hospital

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physicians admit his reactions were due to the DTaP. Their only response was that he was having an allergic reaction to something, but they didn't have an allergist on staff to determine what he was allergic to. The baby sharing the room with them had had the same reactions just after receiving his second DTaP. At one point the child's hospital room was filled with sixteen hospital personnel, all equipped with clipboards but no answers. Both parents felt the staff were attempting to intimidate them.

One member of the hospital staff privately told the mother that he sees at least two children a day with the same type of reactions, and the hospital doctors always have the same response. She was told by the staff member, "This place is worthless. Nothing is ever done — no cause ever admitted." Finally they left the hospital, refusing to sign papers, and headed home to care for their son.

He is receiving remedies and supplemental support, so fortunately is slowly improving. His speech is beginning to return and hopefully he will recover fully. The parents have firmly resolved that they will not willingly give any more vaccines to their three children. Let's just hope that they can maintain the hugely important right to decide what is best for their own. We must defeat California SB277!

Kim Schuette, CN
San Diego, California

WAPF FACEBOOK STRATEGY

I think what you are doing with your anti-vaccination memes on Facebook is good strategy. I think what the National Rifle Association (NRA) did and continues to do is instructive. There was a wave of anti-gun political activism so

the NRA published story after story after story about how concealed carriers or armed homeowners foiled would-be ruffians. I think that you should do the same thing with all the children who have died or have been maimed by vaccines—and all the parents who have been plunged into unfathomable grief because of vaccine injury. Every single day, people should see one suspicious SIDS death after another, one autism case after another, one hopelessly grieving parent after another—who have been recklessly victimized by the medical establishment. This is not really an argument here. You can argue about measles until the cows come home, but the opposition are simply not responsive to logic. They are all about calling you a denier. They are all about putting up billboards that say: "Vaccines Save Lives—Get the Facts." So it should be. I think you should deluge them with fact after fact after fact.

Dr. Paul K. Hubbard
Poquoson, Virginia
Former WAPF

Virginia Peninsula Chapter Leader

VACCINATION AND TOOTH DECAY

Our vaccination story is interesting in the WAPF context as one of the main symptoms that appeared after vaccinating my eleven-year-old for middle school was tooth decay. Having had no cavities before, within two months one tooth decayed so badly that it had to be removed. A few months later another one followed. It seemed like it became almost irrelevant to pay attention to the diet as the body was unable to assimilate the nutrients.

There were other symptoms, such

as sleep disturbances and major trouble with digestion. Nothing provided relief; the GAPS diet helped a little bit initially but then there was a relapse.

What set things straight in the end was homeopathy. It took a little while and we are still working on it four years later, but we are finally on the right track. It took a lot of resources, studying and soul searching to get to this point, and it is a shame that every day a new group of innocent, naive people are thrown into the same situation.

Name Withheld

LASTING IMMUNITY

While the measles may have lasting side effects, the people who contract the measles will probably have lasting immunity. Those who choose to vaccinate may or may not have lasting immunity, but may risk having neurological side effects or even death. Has this question been researched? I believe people should be able to choose to vaccinate or not. I choose not.

When I was a child, everyone got the measles. We missed school for three or ten days as a function of the type of measles. No one had adverse effects. To have adverse effects was the exception. To contract measles was a rite of passage.

Tina Boyd, LCSW-C
Davidsonville, Maryland

WAPF INVOLVEMENT

My wife and I are members of the Weston A. Price Foundation. We attended last week's rally against SB277 which is pending in the California legislature. At the hearing of the Senate Health Committee, we joined in the line-up of hundreds of people speaking out against

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the intended removal of personal exemptions from the vaccination requirements for attending public schools.

A main reason for our being involved is the experience of our granddaughter who lives in California. She experienced a severe adverse reaction to an MMR vaccination earlier this year. This adverse reaction has been documented and reported to the CDC by our granddaughter's pediatrician.

We also followed the April 15th hearing of the California Senate Education Committee on SB277 via livestream and were gratified that several of the hundreds of persons speaking up against the proposed bill mentioned their association with the Weston A. Price Foundation.

Hans Diessel
Davidson, North Carolina

VACCINES AND GMOs

I'm struggling to see how vaccines are that different from food that's altered through genetic modification. The intent may be different, but the final result is similar. If a GMO is the result of genes from the DNA of one species artificially forced into the genes of an unrelated plant or animal, how far is this from the process of vaccination in humans?

Vaccines contain the DNA of pathogenic viruses grown on cell cultures of humans, chickens, monkeys and cows. This DNA and foreign cells are injected directly into the blood stream of the vaccine recipient, bypassing any innate protection the body has. Logic tells me that is very similar to how GMOs are created. And just as in GMO food, the blood has never before been exposed to this DNA in the natural environment.

From what I've seen there are more

people aware of the dangers of GMOs than the dangers of vaccines. At a recent march against GMOs, I talked to participants who were pro-vaccine and completely unaware that many vaccines are actually genetically modified. (Since 1991, the Hep B shot, given within twenty-four hours of birth, is genetically modified—the Hep B virus is combined with yeast).

Scientists at the University of Geneva (1971) discovered that biological substances entering directly into the blood stream can become a part of us and even a part of our genetic material. "The Geneva scientists are convinced that normal animal and plant cells also shed DNA and that this DNA is also taken up by other cells in the organism. If they are right, the consequences to virtually every aspect of a cell's metabolism would be considerable. The growth and development, diseases, and even the evolution of an organism would be affected" (vaccinechoicecanada.com/doctors-speak/vaccines-and-genetic-mutation/).

Verschaeve, L., and others (*Environmental Research*, "Genetic Damage Induced by Occupationally Low Mercury Exposure," 12:306) found a "significant correlation between the amount of mercury in the body and the number of DNA aberrations." This also supports the idea in my mind that vaccines cause humans to be GMOs as genes are being modified by at least one of the preservatives used in vaccines. The process is a bit different, but the end result is unnatural changes to the genome.

When GMO crops were introduced, we were told they would reduce the need for pesticides. In 2009, however, the

Organic Center revealed "GE [genetically engineered] crops have increased overall pesticide use by 318.4 million pounds over the first thirteen years of commercial use" (livinghistoryfarm.org/farminginthe70s/pests_08.html). In the same way, vaccines were introduced under the guise of reducing the need for medical care because the recipients wouldn't get the diseases the shots alleged to prevent. As the years go by, we have more and more chronic childhood illness and adult autoimmune disorders requiring more and more treatment.

This is a critical time; our right to control what is and isn't injected into our bodies is at great risk. To maintain that right, we must enlist support from everyone. I see how passionate the anti-GMO activists are at marches and other gatherings. It is my hope that once they see that they, too, have been genetically modified through vaccination, we can all join together to take on this very dangerous myth of vaccine safety.

Lisa A. Middlecamp-Lowder, PhD
Chapter Leader, Muskegon, Michigan

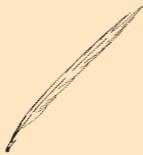
VACCINATIONS AND IMMUNITY

I live in New Jersey and while all my children have been vaccinated, I do not want to continue. My son would like to do an EMT course this summer and he would need to get a flu shot in order to take the class. If the state gets rid of the religious exemption, I will not allow him to take this course.

I did not know anything about the anti-vaccine side of the argument because I was getting all my information from the *New York Times*, WNYC and NPR, until it became very clear that those media outlets were not giving me all the information. I finally found Dr.



Letters



Suzanne Humphries and have been listening to her lectures online and reading her articles and book.

Given what I already knew from Dr. Price's teachings, the anti-vaccination position makes complete sense. Healthy organisms, whether they are plants, animals or humans, are naturally free of disease, and when they do become ill, are able to fight off infection. These occasional infections are necessary to exercise our innate immune system. In the meantime, with all these vaccines, we are losing maternal immunity and babies are becoming more vulnerable. It's really outrageous how the media spin everything. I had to re-educate myself completely.

The flu shot that is required for my son to take the EMT course would make him five or six times more susceptible to all other respiratory infections due to a phenomenon called original antigenic sin. This same phenomenon is responsible for the failure of the pertussis vaccine, which is why we are seeing so many more whooping cough infections in fully vaccinated populations. The vaccine is actually why there are so many more infections, because people who are vaccinated walk around asymptomatic but carry the virus in their airways. Of course the media continue to blame the unvaccinated.

As Suzanne Humphries writes in reference to an experiment with baboons, "Baboons that were previously vaccinated and immune vaccine-style became colonized upon later exposure for a longer time than naive baboons: forty-two days. However unvaccinated baboons that recovered naturally and were later exposed to the bacteria did not become colonized at all: zero days." So

it seems that the naturally convalesced provide better herd immunity. And we don't need to be afraid of naturally acquired whooping cough. Dr. Humphries has written a great article about treating whooping cough with lipospheric vitamin C, even for babies. It worked great for me.

Interestingly, Dr. Humphries writes "I've personally seen, in unvaccinated families, one child have clinical whooping cough, and the other children did not get sick. When those children had their blood antibodies measured to see if they were going to be a risk to their schoolmates, they were measured as having had experience with pertussis by IgG and IgM. In retrospect, some mothers could recall a cold-like illness, and others could not. I mention the fact that they were unvaccinated, not because I believe that is the reason they were infected, but because I believe that is the reason the children had subclinical infections that went unrecognized, and they developed immunity."

Immunizations disrupt the colonization of beneficial microflora in the baby's gut, triggering type 1 diabetes, Crohn's disease, celiac disease, etc. I was reading an op-ed called "Who has the guts for gluten" by Moises Velasquez-Manoff in *The New York Times*. In it, the author mostly focuses on the absence of beneficial gut bacteria and different studies done in different populations. What was most striking to me was a quote from Dr. Bana Jabri, director of research at the University of Chicago Celiac Disease Center. She notes that "immune disturbances [vaccines?] change the microbial ecosystem. Rodent experiments show that intestinal inflammation can select for unfriendly bacteria

that further inflame." Suddenly the work of Andrew Wakefield and the claims of parents of autistic children with irritable bowel syndrome made complete sense.

Tami Berman

Upper Saddle River, New Jersey

VACCINATIONS AND DIABETES

In the spring of 1989 there was a burst of information about getting second MMRs for your kids. At the time, I was working at the University of Utah Student Health Center as a receptionist. I took my two teenage children, a boy and a girl, to this clinic to receive their second MMR. Within a day both of them became ill with fever and swollen glands similar to mumps, a reaction neither of them had suffered from prior vaccines.

A few weeks later, my son began complaining of severe leg pains and constant thirst. He had been rehearsing that summer for a community play. Around midnight one night he was in such pain that we took him to an emergency room because he could barely walk. After a couple of hours, the room became full of doctors who wanted to see someone who could walk into an emergency room with a blood sugar level off the charts. At first they thought he had MS. Then they realized it was type I diabetes. They put him in the hospital for two days. He insisted on leaving early so he could be in the play. The doctors and nurses asked us if he had been ill with a virus within the last six weeks. We said that he had been ill from an MMR shot. They said the shot was probably what triggered the diabetes! They also said that my daughter, who also had been ill from the shot, could possibly come down with diabetes anytime within the next seven years. Eight years later my daughter also

OPEN LETTER FROM LAURA HAYES, CALIFORNIA ANTI-VACCINE ACTIVIST
THE BABY FOOD IS ORGANIC...THE SHOTS ARE NOT

Mothers across America carefully read food labels, avoiding non-food ingredients, pesticide-laden foods, and genetically-modified foods. They are returning to glass baby bottles to avoid toxic plastic ones, and they are learning to shun items laced with poisonous flame retardants. However, many have yet to learn about the dangers lurking in the seventy or so doses of vaccines they are allowing to be injected into their children, more if they allow vaccines while pregnant (in essence, beginning the vaccination process in utero for their child).

Mothers must be warned about and advised against the health-and-development-damaging ingredients in vaccines. It is up to those of us who know the disturbing and disgusting facts about vaccines to continue to expose the truth to help stop the poisoning of children.

What mother willingly poisons her own child? Only one who has been lied to. When a mother allows a doctor, nurse, or pharmacist to vaccinate her child, she is allowing that person to poison her child. Think that's too strong a statement? Think I'm exaggerating?

*What mother would allow lead to be injected into her child? Answer: none. They know it would cause brain damage. However, millions of mothers across America are allowing doctors to inject mercury and aluminum into their children, both of which are severely neurotoxic (mercury many more times so than lead...and yes, mercury is *still* in vaccines given to infants and children, in addition to those given to pregnant women). To make matters worse, mercury and aluminum are *synergistically neurotoxic*, meaning that when they are given together, as is often done during vaccination, their individual toxicity is made far worse by the presence of the other, many times worse. Interestingly, we are seeing record numbers of children with brain damage in our country. Coincidence?*

What mother would allow something that could cause cancer, say asbestos, to be injected into her child? Answer: none. They know that cancer is often akin to a death sentence, if not the first go-round, then the times that often follow. However, millions of mothers across America are allowing doctors to inject formaldehyde, phenol and MSG into their children, all of which are known carcinogens. It's no wonder pharmaceutical companies don't test to see whether or not their vaccine products cause cancer; they already know the answer. Instead, they simply write "not tested for carcinogenicity" on their package inserts, and our unethical government regulators let them get away with that. Interestingly, we are seeing record numbers of children with leukemia and other cancers in our country. Coincidence?

What mother would allow something that could cause life-threatening auto-immune diseases, something like aluminum, to be injected into her child? Answer: none. They know that auto-immune diseases are progressive and lead to premature death. However, millions of mothers across America are allowing doctors to inject not only aluminum, but also mercury, polysorbate 80, retroviruses from pigs, mice, monkeys and other animals, DNA fragments from other humans, specifically from aborted fetuses, and from various animals, and laboratory-created live and killed viruses and retroviruses from both humans and animals, all of which are known to cause auto-immune diseases. Interestingly, we are seeing record numbers of children with Type 1 diabetes, asthma, Crohn's disease, juvenile rheumatoid arthritis, demyelination, ulcerative colitis and many more auto-immune diseases in our country. Coincidence?

*What mother would allow something that could cause life-altering and life-threatening asthma and allergies to be injected into her child? Answer: none. They know that both asthma and allergies severely restrict a child's life in many ways and that both can result in death. However, millions of mothers across America are allowing doctors to inject food proteins (which the blood is incapable of breaking down into amino acids, resulting in inflammation), antibiotics such as neomycin and streptomycin, and toxic chemicals *at the same time* as adjuvants (e.g., aluminum), which are designed to overstimulate the immune system artificially, resulting in the chronic and sometimes fatal conditions of asthma and allergies. Interestingly, we are seeing record numbers of children with asthma, life-threatening peanut allergies, numerous types of food allergies and food intolerances, and numerous types of environmental allergies. Coincidence?*

What mother would allow something that could cause infertility, such as nonstick chemicals and solvents, to be injected into her child? Answer: none. They know that they would never want to destroy their child's future reproductive capabilities. However, millions of mothers across America are allowing doctors to inject their children with polysorbate 80, known to affect fertility adversely. And who knows what ethylene glycol (antifreeze), Triton X100 (detergent), aluminum, mercury, foreign DNA fragments, and the myriad other vaccine ingredients do to one's future reproductive ability? It's no wonder pharmaceutical companies don't test to see whether or not their products cause infertility; they already know the answer. Instead, they simply write "not tested for impairment of fertility" on their package inserts, and our unethical government regulators let them get away with that. Interestingly, we are seeing record numbers of couples struggling with infertility issues. Coincidence?

Letters

developed type I Diabetes. We had no prior diabetes in our family. They have both been on insulin ever since.

Bev Terry
Salt Lake City, Utah

WAPF PRESS RELEASE

I am writing to say how impressed I am with the Foundation's stance on vaccination, particularly being brave enough to say right out: "Childhood diseases are either mild or non-existent when parents practice the kind of good

nutrition that we advocate. Diets rich in vitamins A and C can protect children against disease much better than vaccinations, and with side effects that are good, never harmful."

Your March 3 press release, "Public Health Officials Know: Recently Vaccinated Individuals Spread Disease" is a very good resource which I am circulating.

Jayne Donegan
London, UK

Our press release is posted at westona-price.org/press/public-health-officials-know-recently-vaccinated-individuals-spread-disease/.

LEAVING CALIFORNIA

We are chapter leaders in Albany, California and the parents of Gregorio, who will be four in August. Our family is experiencing first-hand the threat of SB 277, California's mandatory vaccine bill, to exacerbate social injustice and economic inequality. Our preschooler

What mother would allow something that could kill her baby to be injected into her otherwise healthy child? Answer: none. Mothers would lay down their lives for their children; they don't purposely put them in harm's way. However, millions of mothers across America are allowing doctors to inject their children with more and more vaccines, not knowing that each and every one carries the risk of death, and more so when combined, as they most often are. Interestingly, we are seeing record numbers of babies who are dying before their first birthday in the U.S., including many of "SIDS" (the label that unethical doctors and medical examiners use for vaccine-induced deaths instead of calling them what they are...i.e., vaccine-induced deaths). Coincidence?

So then, what mother willingly poisons her child with the vaccines recommended by our nation's CDC, which are then mandated by the state in which she lives? Only the uninformed mother, the one who doesn't yet know she has been lied to by many whom she trusts: the FDA, the CDC, the AMA, the AAP, the vaccine manufacturers, her doctor(s), and mainstream media.

Please help inform these mothers, who have no idea they are allowing the poisoning of their own children.

Please help inform legislators, who are mandating that mothers allow their children to be poisoned at the hands of those who are "first, to do no harm," so that their child may attend daycare or school.

Please help stop this vaccine madness, this vaccine holocaust against our children. (The definition of a holocaust is destruction or slaughter on a mass scale, which is exactly the effect that our nation's vaccine program is having.)

Please help restore the health and development of our nation's children, and thus, of our nation itself, as our children are the future.

How?

Fight to eliminate vaccine mandates.

Fight to repeal the 1986 National Childhood Vaccine Injury Act, which shields pharmaceutical companies and those who administer vaccines from liability for vaccine injuries and deaths.

Educate everyone you know about the dangers, inefficacies and lack of need for vaccines, and teach them natural and risk-free ways of protecting, maintaining and enhancing the health of their children and themselves.

Thank you.
Laura Hayes

Laura Hayes is the mother of a severely vaccine-injured child who is now twenty-one years old and permanently disabled as a result of his "routine" childhood vaccinations. His vaccines were administered without any informed consent, and they have left him dependent on others for the remainder of his life. His childhood, adulthood, independence and life-time opportunities have been decimated by vaccines. He was born a very healthy baby. Vaccines destroyed his health, development, and ability to lead a full and independent life.



Letters



has medical problems resulting from chronic heavy metal toxicity. After he inexplicably became quite ill as a baby, we ran genetic tests and found out that he has impairments in his detoxification pathways. Although his pediatrician recommended that we not vaccinate him due to his condition, we have been unable to obtain a medical exemption. Doctors have their licenses, reputations and professional networks to maintain.

Despite his genetic condition, Gregorio lives a fairly normal life as a result of the precautions we take to reduce his exposure to heavy metals. We launder his clothing in special detergent to remove the antimony that is sprayed on it during the manufacturing process; we prepare all his food from scratch from fresh organic ingredients in pots and

pans that are safe for him; we do not store any of his food in aluminum; and we use a high-quality filter for all the water he consumes in order to remove the heavy metals present in our municipal water supply.

As parents, we feel obligated to look out for our son's health and welfare, and we cannot agree to any medical procedure that carries such a risk to his health. The bill has been amended to allow non-vaccinated and incompletely vaccinated children to be home-schooled, and we know a number of parents who have decided to quit their jobs and put their careers on hold in order to home-school a child who has already had one or more adverse vaccine reactions, in order to protect the child's future health. These families are making enormous sacrifices

to protect their children's health and their own values.

Our situation is different, because even with our two incomes, we are barely able to make ends meet. Although we are both highly educated, we both hold PhDs in a field that lost prestige and marketability after the economic crisis of 2008, and work hard for a living that barely allows us to pay for basic living expenses in spite of our parsimonious habits. Families like ours have been ridiculed both in the media as being unscientific and acting contrary to the public good.

We have decided to leave California and return to our roots in rural Italy, where we still have some family and friends, and fulfill our long-time dream of bringing the WAPF to Italy. As part

WAPF on the WEB

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YOUTUBE & Flickr: youtube.com/TheWestonAPrice, flickr.com/photos/westonaprice

BLIP TV: westonaprice.blip.tv These are longer format videos such as our press conference on the USDA Dietary Guidelines and *Farmageddon* panel discussions.

BLOGS: See blogs by Chris Masterjohn, PhD, and Kaayla T. Daniel, PhD, at westonaprice.org/blogs. And check out our realmilk.com/blog and realmilk.com/testimonials where you can read and share raw milk testimonials.

ALEXA WEBSITE RATINGS: westonaprice.org is rated number one among alternative nutrition websites at alexa.com (see alexa.com/topsites/category/Top/Health/Nutrition). Please visit the Alexa site and post a comment about our website. You can help raise our rating by visiting our website frequently and linking to it from your own website, Facebook page or blog.

INSTAGRAM: Users of Instagram, please tag your posts with #WAPF and #westonaprice.

Letters



of this project, we are translating key WAPF materials into Italian and plan to teach workshops on proper food preparation techniques. We would be grateful for any contributions from our fellow WAPFers to support our project.

Sara Russell and Marco Prina
Albany/El Cerrito, California
Chapter Leaders

CALLOUS DISREGARD

I am alarmed by the callous disregard shown by some in the media and the general public toward parents who choose to opt out of vaccines. A few years ago, on behalf of the Weston A. Price Foundation, I attended a Canary Party conference and met numerous parents of vaccine-injured children. It was a very eye-opening experience.

Compelling evidence was presented at the conference of the link between vaccine injury and the onset of autism by Mark Blaxill and Dan Olmsted. These two researchers, one with an autistic child, have also discovered the role that pesticides are playing in the ill health of our nation's children (see ageofautism.com).

My husband and I have no children. Yet, meeting these parents who saw their children literally descend into autism after receiving their shots, put me firmly in the camp of the vaccine-wary. I support wholeheartedly any parent's or adult's decision to shun vaccines and seek other ways to build immunity.

Some may choose to slow down the vaccine schedule or be more selective among vaccine choices. We must respect the patient's wishes.

I have since learned that even some adult vaccines have toxins and danger-

ous ingredients like mercury, and I will read the package inserts in the future.

The derision of "anti-vaxxers" shows incredible insensitivity on the part of those hurling the insults. Many such parents have already experienced an adverse reaction to shots and have good reason to resist further harm. We are a nation where a baby who falls in a well creates a national uproar and garners our collective kindness until the child is rescued and safe. Yet, in the case of vaccines, we are saddling some families with unbelievable sorrows for the "greater good" and then insulting anyone smart enough not to submit blindly.

Kimberly Hartke, Publicist
The Weston A. Price Foundation
Reston, Virginia

HERD IMMUNITY LIE

Thank you so very much for bringing serious attention to the issue of vaccine safety and choice. Despite the fact that over 95 percent of children in America are vaccinated, the mainstream media (sponsored by Big Pharma) continue to barrage people with the lie that our herd immunity is at risk and that all non-medical vaccine exemptions should be removed from every square inch of our country.

I think that course of action is a terrifying mistake, because the truth is that vaccine injury is real, medical exemptions are extremely hard or impossible to obtain, and many people do have bona fide and sincerely held religious beliefs that prohibit the injection of toxins, bovine and porcine cells and the fragmented DNA remains of aborted human fetal tissue into themselves and

their children.

Those rights must be respected in order to meet any definition of the word free. To be able to control our bodies at the most basic level of deciding what is injected into them is truly the most fundamental of liberties. Whatever a person's stance on vaccination, we should all fear a government that is empowered to inject us with *anything* without our consent.

Depending on who is doing the polling, somewhere between 70 and 84 percent of Americans are against compulsory vaccination. That is the truth of the matter—that the vast majority of our citizens believe that medical decisions should be made by people acting in conjunction with their medical care provider, not some politician sitting in his office with the money from big Pharma lining the coffers of his reelection campaign.

It is we, the citizens, who will live with the consequences and under the constraints of these short-sighted laws and side effects of unwanted medical procedures forced on ourselves and our children. Please keep up your efforts to bring light to the truth of this issue.

Megan Montgomery
Silver Spring, Maryland

Caustic Commentary

Sally Fallon Morell takes on the Diet Dictocrats

VACCINES AND MEASLES

Early in the last century, measles killed millions of people per year. Then the death rate dropped—by the 1960s, by 98 percent. The measles vaccine entered the market in 1963, and the death rate dropped a bit more, just continuing its downward trend. Other infectious diseases—such as scarlet fever and typhus—petered out in a similar way without any vaccines. Most scientists agree that the decline in death rates goes to improved nutrition, sanitation and health care. Most of the deaths occurred among the poor or in those who had underlying diseases. When a child has measles, he or she has immunity for life and that immunity is passed through the mother to give immunity to her offspring for the first year. But immunity from vaccines wears off and one unintended consequence of the measles vaccine is that more pregnant women are getting the measles—and when this happens, the results can be serious. A study in Houston of twelve pregnant women and one who had just given birth, all of whom had the measles while pregnant, found one died, seven suffered pneumonia and seven hepatitis, four went through premature labor and one lost her child in a spontaneous abortion. A study of eight measles pregnancies in Japan found three had spontaneous abortions or stillbirths while four babies were born with congenital measles; two mothers had pneumonia and one suffered hemorrhagic shock. A Los Angeles study of fifty-eight measles pregnancies found twenty-one ended prematurely and two died. More babies are also getting measles, and babies have a greater risk of complications. At least five measles vaccines have been withdrawn from the market because of high rates of serious reactions. The current vaccine is said to be safer, but also wears off more quickly (business.financialpost.com/fp-comment/lawrence-solomon-the-untold-story-of-measles). Vitamins A and C are highly protective against the measles. As early as 1932, scientists

found that mortality dropped by 58 percent when children hospitalized with measles were given cod liver oil. Later studies in the 1990s showed amazing results of vitamin A reducing deaths by 60 to 90 percent. Research also indicates that people who have childhood measles have lower rates of cancer and allergies.

VACCINES AND WHOOPING COUGH

It seems that nature just does not want to cooperate with our plan to control childhood diseases using vaccinations. A study just published in *Pediatrics* (doi: 10.1542/peds.2014-3358) found that protection from whooping cough (pertussis) wears off just two to four years after the vaccine. Like the measles vaccine, the more effective the shot, the more dangerous it is. The whole cell pertussis vaccine was removed from the market in 1997 after many years of documented brain damage, such as acute encephalopathy, and health officials now openly admit that the current “safer” vaccine is less effective. The Vaccine Adverse Event Reporting System (VAERS) database lists almost seven thou-

sand severe reactions to the pertussis injection—which means, according to FDA and CDC, that the actual numbers could be ten to one hundred times higher. As the pertussis vaccine is given in combination with two other vaccines (diphtheria and tetanus), it’s hard to say which one is causing the most reactions. Pertussis rates have been rising in recent years, after a low of less than three thousand in 1987. Outbreaks have occurred in fully vaccinated populations, such as a 2014 outbreak in a Jewish summer camp. In fact, former Wistar vaccine developer Stanley Plotkin, MD, an advisor to Sanofi Pasteur and vocal champion of vaccines, recently told the Third Annual Conference on Vaccines hosted by the European Society for Clinical Microbiology and Infectious Diseases, that recent whooping cough outbreaks are due to a failing vaccine. He concluded that a new vaccine is needed. It will



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be interesting to see whether the new vaccine will be a more dangerous live virus version. Whooping cough can indeed be a serious illness, with intense coughing lingering for weeks; but the side effects of the vaccine, such as brain damage, can last a lifetime. Some researchers believe that this vaccine can cause deranged sugar metabolism, hyperinsulinemia and obesity (hormonesmatter.com/obesity-childhood-vaccines-blame/).

VACCINES AND HEPATITIS B

Hepatitis B is a disease that afflicts drug users and sexually promiscuous adults. Only about 1 percent of pregnant women test positive for hepatitis B. Nevertheless, unless parents request an opt-out, the HepB vaccine is given to all U.S. babies on day one after birth. Premature babies get the vaccine within twenty-four hours of birth, even though the package inserts clearly state that there are risks to premature babies—in fact no safety studies have been carried out on premature babies at all—and even though transmission from an infected mother to her baby is rare. Health data show about ten thousand cases per year of hepatitis B, mostly from intravenous drug use, heterosexual contact with infected persons or multiple partners, and homosexual activity, so there is really no money in giving the vaccine to the vulnerable population. Then how were the drug companies to recoup their investment in the vaccine's development? Why, give the three doses to all U.S. babies, starting at day one! Hepatitis B is not even a killer disease—most sufferers recover and then have life-long im-

munity. But the vaccine itself does kill, or results in learning disabilities that can last a lifetime.

VACCINES AND MUMPS

Merck & Co, the world's largest vaccine maker, is facing federal fraud charges in the case of *United States v. Merck & Co*. According to two former employees, now whistleblowers, the company engaged in fraud and concealment, falsified test data and claimed the mumps vaccine in development was effective when it was not. If the court upholds the complaints, Merck could be liable for hundreds of millions of dollars, possibly even billions, in damages. For more than thirty years, Merck has enjoyed an exclusive license granted by the FDA to manufacture and sell its measles-mumps-rubella (MMR) vaccine to the public. To retain its licensing rights, Merck was required to prove that its updated vaccine was at least 95 percent effective, and the whistleblowers claim that Merck knew it was only 67.6 percent effective.

HPV VACCINE: DANGEROUS, COSTLY, USELESS

A three-dose vaccine aimed at young women, claimed to protect them against human papilloma virus (HPV), called Gardasil, has the pharmaceutical industry abuzz about the potential for a greatly expanded market—vaccines, multiple vaccines, for adults to prevent cancer. Promoted with slick advertising campaigns, Gardasil sales have accounted for greatly increased revenues for Merck & Co., its manufac-

THE GREATEST LIE CAMPAIGN

In order to educate the public quickly as to the risks of vaccines, the Vaccine Liberation Army has developed “The Greatest Lie Ever Told” stickers and decals. You can join the hundreds of concerned citizens who are distributing these stickers and decals—even students in high schools are plastering the insides of toilet stalls and other places with this emotionally wrenching sticker.



Large decals are available for cars. It only takes one vehicle per town to wake up your entire community. Your car parked at school, in town, at the doctor's office, at a shopping center will create such doubt in the onlooker that they will begin to question the establishment's position on vaccine safety. Mobile advertising is one of the most effective advertising tools in the industry. Remember on the WHO/CDC USDeptHHS horizon is a draft for compulsory adult vaccinations.

Join their mobile fleet and Facebook group, “The Greatest Lie Campaign.” For stickers and decals go to: vaccineliberationarmy.com/sticker-strategy/infantry/. For a five-minute PowerPoint presentation of the issue put “Humanity666” in the vaccineliberationarmy.com search engine.

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turer. But according to a pharmaceutical industry insider, Dr. Bernard Dalbergue, the cervical cancer vaccine is ineffective and has tragic side effects, including paralysis, MS, convulsions and blindness, and has caused dozens of deaths. One of the ingredients in Gardasil is polysorbate 80, an emulsifier that keeps all the other ingredients, like aluminum, in an even suspension; it also helps transport chemicals and drugs across the blood brain barrier. It can also cause infertility. Said Dalbergue: “I predict that Gardasil will become the greatest medical scandal of all times because at some point, the evidence will add up to prove that this vaccine, technical and scientific feat that it may be, has absolutely no effect on cervical cancer and that all the very many adverse effects which destroy lives and even kill, serve no other purpose than to generate profit for the manufacturers.” He adds that the financial interest in the vaccine makes it very difficult to withdraw.

MORE TO COME

Medscape listed “vaccines as cancer protections” among the top twenty medical breakthroughs in the last twenty years—along with statins for secondary prevention (that is, statins for everyone). According to vaccine millionaire Paul Offit, MD, director of the Vaccine Education Center and an attending physician in the Division of Infectious Diseases at Children's Hospital of Philadelphia, the “recently licensed 9-valent product has a chance to eliminate as many as twenty-nine thousand cases of cancer each year and as many as five thousand deaths.” Sandra Fryhofer, MD, a member of the Advisory Committee on Immunization Practices at the CDC, adds, “A vaccine that prevents cancer, rather than treating it once diagnosed, is major. Now we just have to increase vaccination rates” (medscape.com/features/slideshow/20th-anniversary#page=19). That means vaccinating boys as well as girls, then adults, then everyone for other “cancer-preventing” vaccines in the pipeline.

TRAINING PARENTS

Parents following the vaccination schedule bring their babies in at two, four and six months for their recommended vac-

inations. A PhD immunologist and vaccine proponent, who declined to be named, has admitted during a conference involving health professionals that babies are only given shots up to age one in order to “train the parents” to get their children into the medical system. Confessing that “the science seems fairly clear that for the first year of life. . . the immunization is not stimulating the kind of response we expect it to stimulate,” she then stated that “The vaccines are given at pediatric wellness visits, and the idea is that you are training the parent to bring their children at all the pediatric wellness visits, and that it’s only the year visit that actually is truly important. But that for most parents you are not going to get them to bring

their kid in if they don’t come in at two months, four months and six months. And so it’s actually more of a training thing.” You can listen to this dreadful admission—given flippantly and with laughter—at infowars.com/immunologist-admits-babies-only-vaccinated-to-train-parents/.

VACCINES WORKING?

U.S. medical personnel, health officials and virtually the entire major media outlets insist that

vaccinations are perfectly safe. To make this statement, officials had to redefine the word “safe.” If you need to rush your screaming, hyperventilating, seizing baby to the emergency room after a vaccination, the hospital staff will tell you that this is “just a normal reaction.” When a large study from Canada found that one in one hundred sixty-eight toddlers aged twelve months old were rushed to emergency rooms in the four-to-twelve-day period after getting the MMR shot, the lead author of the study concluded, “This is the vaccine working” (*PLoS Medicine One Journal* Dec 12, 2011).

ITALIAN COURTS RULE: VACCINES CAUSE AUTISM

In September 2014, an Italian court in Milan awarded compensation to a boy who became autistic after receiving a shot containing six vaccines. Reported widely in the Italian press, the U.S. press ignored it completely. The court concluded that the child more likely than not suffered autism and brain damage because of mercury and aluminum in the vaccine “in concentrations exceeding the maximum recommended levels



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for infants weighing only a few kilograms.” A key document in the case was a confidential GlaxoSmithKline report, now available on the Internet, which reported five cases of autism caused by the vaccine in clinical trials (<https://autismoevaccini.files.wordpress.com/2012/12/vaccin-dc3a9cc3a8s.pdf>). As in the U.S., the company will not pay out any money—compensation will come from the Italian government.

TARGETING THE UNBORN

Up to five vaccines are recommended for pregnant women—five jabs loaded with aluminum, mercury, formaldehyde, MSG, polysorbate and other additives (cdc.gov/vaccines/pubs/downloads/f_preg_chart.pdf). This is an obvious growth area for the pharmaceutical industry, and the U.S. government is pitching in. In a National Vaccine Advisory Committee

(NVAC) report published by the U.S. Department of Health and Human Services (HHS) in early 2015, the department details new concerted efforts to target pregnant women. The report calls for the development of a national maternal immunization program, and the achievement of vaccination goals—especially for pertussis and flu vaccines. If you read the package inserts, you will find that none of these vaccines has been tested on pregnant women—to do so would be highly unethical. Only five years ago it was policy never to vaccinate a pregnant woman.

DISAPPEARING DATA

The National Vaccine Injury Compensation Program (VICP) went into effect in 1988. The VICP was established “to ensure an adequate supply of vaccines, stabilize vaccine costs,

IMPORTANT VACCINE INFORMATION WEBSITES

GREATERGOODMOVIE.ORG: Home of the documentary “The Greater Good” by WAPF honorary board member, Leslie Manookian. Check out this site to find movie screenings, keep up to date through the website's Facebook page or find scientific articles on everything from post-vaccination brain inflammation to vaccine contamination.

NVIC.ORG: Home of the National Vaccine Information Center, guided by the indefatigable Barbara Loe Fisher, this website keeps up-to-date information on vaccine laws and pending legislation. Sign up to receive action alerts tailored to your state.

DRTENPENNY.COM: Dr. Sherry Tenpenny is a highly trained, courageous voice against vaccines. Join her medical library for access to thousands of documents on the dangers and ineffectiveness of vaccines.

DRSUZANNE.NET: An MD nephrologist, Dr. Suzanne Humphries discovered the dangers of vaccines in the hospital system. Be sure to watch her revealing videos.

THINKTWICE.COM: Uncensored information about how vaccines affect our children, and a source for the *Vaccine Safety Manual*.

VACTRUTH.COM: Provides the vaccination inserts to all vaccines—something most pediatricians won't do; a source of updated information on deaths and injury from vaccines.

VACCINERIGHTS.COM: Attorney Alan Philips provides legal help for those wishing to avoid vaccines, and for those injured by vaccines.

PARENTSAGAINSTMANDATORYVACCINESDOTNET.WORDPRESS.COM/: Sample letters for legislators and letters to put doctors and school officials on notice that they are not to vaccinate your children.

VACCINE-INJURY.INFO: Lots of important information about vaccine injuries. Helps you find a doctor in your area who will respect your vaccination decisions.

VACCINEPAPERS.ORG: Collection of scientific papers on vaccine dangers, adjuvants, immune activation, etc.

VACCINATIONLIBERATIONARMY.COM; Source of “The Greatest Lie Ever Told” stickers and decals.

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and establish and maintain an accessible and efficient forum for individuals found to be injured by certain vaccines.” The biggest impediment to the vaccine producers was huge lawsuits for vaccine injuries; the VICP gave the pharmaceutical companies immunity from prosecution for injuries, and paved the way for the rapid growth of the vaccine industry. Compensation comes from a seventy-five cent tax on each vaccine given. Since January of 2014, twice as many victims have won compensation than the previous eight years combined. In these cases, the vaccine court ruled the evidence showed vaccines “more likely than not” caused the plaintiff’s injuries. Also on the rise is the number of vaccine injury cases the government has “conceded”: up 55 percent in a little over one year. However in March the federal government removed the latest vaccine injury court statistics—more than a year’s worth of data—from one of its publicly reported charts. It was an abrupt departure from the normal practice of updating the figures monthly. Wiping the latest data means the “adjudication” chart on a government website no longer reflects the recent sharp rise in court victories for plaintiffs who claimed that they or their children were seriously injured or killed by one or more vaccines. For example, the number of flu vaccine cases conceded by the government since January of 2014 is more than double the previous eight years combined. The adjudication chart only reflects half of the current number. Only about one injury case for every million doses of vaccines is compensated in vaccine court. Adverse events occur more frequently, according to vaccine warning labels, but rarely end up in the little-known vaccine court.

DEBILITATING ILLNESSES

While the American press remains silent, the media in the U.K. are doing what journalism is supposed to do—exposing the deaths and injuries from vaccinations, especially the HPV vaccine, said to protect teenage girls against cervical cancer caused by the HPV virus. First to publish was *The Independent*, with the headline: “Thousands of teenage girls enduring debilitating illnesses after routine school cancer vaccination.” Similar stories followed in *The Daily Mail* and *The Telegraph*. The message: the Gardasil vaccine causes dramatic life-altering damage and does so more frequently than “evidence-based medicine” or “consensus science” admits or that MDs, the medical profession, public health agencies and pro-vaccine acolytes acknowledge. According to the U.K.’s

adverse drug reaction (ADR) information, in the ten years to April this year the Medicines and Healthcare Products Regulatory Agency received almost twenty-two thousand “spontaneous suspected” adverse drug reaction (ADR) reports in thirteen routine immunization categories including flu, MMR, tetanus, diphtheria and polio. The vaccine with the most ADR reports was the human papillomavirus (HPV) (Gardasil®, Cervarix®, and recently licensed Gardasil 9®) with over eight thousand ADRs. Next in line is the annual influenza virus vaccine with three thousand ADRs. The MMR (measles, mumps and rubella) with sixteen hundred ADRs is third highest. In 2013 via freedom-of-information documents, thirty years of secret official documents show that the U.K. government vaccine/medical experts have 1) known the vaccines don’t work; 2) known they cause the diseases they are supposed to prevent; 3) known they are a hazard to children; 4) colluded to lie to the public; and 5) worked to prevent safety studies! (activistpost.com/2015/05/uk-independent-newspaper-blows-lid-off.html). The HPV vaccine is the subject of lawsuits or government investigation in several countries, including Japan, India, Spain and France.

FRAUDULENT CONTROLS One of the charges in the current lawsuit in Spain against Merck is that the company failed to use an inert placebo during clinical trials. What this means is that in clinical trials designed to test the safety and efficacy of the HPV vaccine, the FDA allowed the manufacturer to compare women who received “placebo” injections containing aluminum. These aluminum-containing injections are not true placebos, which should be harmless substances, such as saline solution. This tactic improves safety data by making the vaccine appear to have the same results as the placebo. In addition, Merck “forgot” to study the vaccine for reproductive

FOR SCIENTISTS AND LAY READERS

Please note that the mission of the Weston A. Price Foundation is to provide important information about diet and health to both scientists and the lay public. For this reason, some of the articles in *Wise Traditions* are necessarily technical. It is very important for us to describe the science that supports the legitimacy of our dietary principles. In articles aimed at scientists and practitioners, we provide a summary of the main points and also put the most technical information in sidebars. These articles are balanced by others that provide practical advice to our lay readers.

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effects. Many HPV vaccine recipients are reporting primary ovarian failure—the vaccine has made them sterile.

BUT WHAT ABOUT POLIO?

The most persuasive arguments for vaccinating children have to do with polio. Didn't the polio vaccine wipe out this truly tragic epidemic of viral disease? Seems like an open-and-shut case for vaccination. However, the campaign to eradicate polio is littered with accidents, contradiction, confusion and fraud. Health officials introduced the live attenuated Salk vaccine in the U.S. in 1955. The Sabin oral polio vaccine followed in 1961. At that time, the diagnostic criteria for polio were changed. Before introduction of the vaccine, patients diagnosed with paralytic polio had to exhibit symptoms of paralysis for twenty-four hours; after the vaccines they had to exhibit symptoms of paralysis for sixty days. In addition, before the polio vaccine, coxsackie virus and aseptic meningitis were lumped in together with polio with no lab confirmation, but after the introduction of the vaccine, coxsackie virus and aseptic meningitis were separated out and lab confirmation was required. So naturally the rates of polio seemed to come down. But worse, to create the vaccines, both Salk and Sabin used primary cell cultures from monkey kidneys to attenuate the polioviruses. Unfortunately, one of the monkeys used, the rhesus macaque monkey, carries the SV40 virus, which can cause cancer in other animals and humans. In 1959, researchers discovered that the Salk vaccine—given to more than one hundred million people worldwide between 1954 and 1961—was contaminated with the SV40 virus. In 1998, scientists found SV40 in human brain, bone and lung tumors, as well as in 45 percent of sperm from healthy men. U.S. public health officials have acknowledged that live SV40 did contaminate both inactivated and live polio vaccines between 1955 and 1963, but insist that it does not cause human cancers. Still, vaccine manufacturers no longer use rhesus macaque monkey kidney cells, but cells from African green monkey kidneys instead. But some researchers believe that the live oral polio vaccine, made with green monkey cells and tested on children in central Africa in the late 1950s and early 1960s, was the origin of the HIV virus. Another problem: viruses associated with polio have very high mutation rates during replication in the gastrointestinal tract and are continually recombining and evolving in humans and animals. This seems to be the explanation for the emergence of vaccine-associated paralytic

poliomyelitis (VAPP)—scientists found that the vaccine strain live polioviruses in the oral vaccine could mutate or revert to forms as neurovirulent as wild-type polio, and cause polio in the recipients or in those they come in contact with. When the U.S. finally abandoned use of the live virus oral vaccine in 1999, it was considered responsible for the only cases of poliovirus-related infection and paralysis reported in the U.S. Health officials admit that between 2000 and 2005, the oral polio vaccine caused eight outbreaks of paralytic polio in Third World countries. Lessons learned, and now in the U.S. we use the inactivated injectable vaccine made from green monkey kidney cells. Polio has disappeared, case closed. Or has it? In 2014, neurologists began reporting cases of paralysis and death in children fully vaccinated against polio. So of course they don't call it polio. "Acute flaccid paralysis" has occurred in dozens on American children and tens of thousands of children in heavily vaccinated India.

A VIRAL DISEASE?

If polio is caused by a virus, it will continue to mutate, continue to confound vaccine manufacturers and health officials. But is it caused by a virus? In the Fall 2002 issue of *Wise Traditions*, we published an article, "Pesticides and Polio," pointing the finger at central nervous system poisons from pesticides, especially DDT, as the cause of this terrible disease. The first polio vaccine was introduced shortly after the DDT ban in the U.S. and got the credit for the steep decline in the disease. So why do we find a virus associated with polio? The explanation is something called accelerated genetic recombination. Genetic recombination is accelerated whenever a biological system is threatened, as with pesticides, radiation or chemotherapy. When a cell is critically threatened, accelerated genetic recombination (which may include virus proliferation) is just one of a set of events that may occur, a set of events called the "SOS response." But whether polio is caused by neurotoxins or by viruses, the approach to treatment and prevention should be the same: good nutrition, starting with plentiful vitamin A, the body's first defense against viruses and toxins. ☯☯

OPINION PIECE FOR THE *IDAHO STATESMAN*
Leslie Mannokian, Writer/Producer, "The Greater Good"

Do you rely on our local and national newspapers and media for accurate and honest reporting on the issues that affect all Idahoans? If so, you might want to consider the fact that our newspapers are not reporting on some issues, issues of grave concern to many Idahoans.

Have you read about the CDC whistleblower—a senior scientist from CDC who issued a statement that he and his co-authors (other senior figures at CDC) deliberately omitted data to conceal the link they found between the MMR (measles, mumps and rubella) vaccine and autism?¹

Have you read that two former Merck scientists have blown the whistle and are suing vaccine-giant Merck in federal court for fraudulently altering data to make it seem that the mumps portion of their MMR vaccine worked in 95 percent of recipients in order to retain their license from FDA when they knew it did not?²

Have you read that the National Vaccination Compensation Program has compensated eighty-three cases of acknowledged vaccine-induced brain damage, which include autism, but federal health officials still claim vaccines don't cause autism?³

If you haven't read about these cases in our newspapers or seen coverage of these stories in other media, perhaps that is because the pharmaceutical industry is the largest advertiser today, spending billions every year, and these media outlets don't want to bite the hand that feeds them. Or perhaps those running these media outlets are afraid of the truth.

Either way, we want to share with you the opinion piece we submitted to the *Idaho Statesman*. This piece is largely the same as an opinion piece we sent to the *Idaho Mountain Express* in response to inaccurate and misleading opinion pieces run by both newspapers. Unfortunately, neither of our opinion pieces was published.

We were very disappointed at this seeming censorship, in particular because our opinion pieces were supported by over thirty citations from published, peer-reviewed scientific literature. The *Idaho Statesmen* stated that they were afraid the opinion piece might frighten parents. We would say that parents are already frightened because they do not feel they are being told the truth by federal health agencies or the media and our experience would suggest that is true.

Following is our fully referenced opinion piece:

The *Idaho Statesman's* opinion piece on vaccines stopped short of advocating mandatory vaccines but stated that parents should not "expect to take advantage of a public education if you are unwilling to participate in sound public health precautions." Given that most parents do not have the resources to home-school, this amounts to a call for forced vaccination.

The assumption that "sound public health advice" is absolute is quite worrying. After all, one-size-fits-all is never appropriate with any pharmaceutical product—but public health officials say this is the case with vaccines. Nor is science infallible. Indeed for decades federal health officials have advised reducing dietary saturated fat and emphasizing carbohydrates, but recent science has proven how dangerous that advice can be.⁴ What is sound advice today may not be so sound tomorrow. Add to this the fact that properly prescribed FDA approved drugs kill over one hundred thousand Americans every year and that drug companies have paid thirty billion dollars in fines for repeated fraud, and it's no wonder why some folks question "sound public health advice" and want to decide for themselves what is best for their own families.^{5,6}

Though it is commonly believed that vaccines are safe for all but a very few, abundant science proves this assertion false. In producing and screening our award-winning documentary on vaccines, "The Greater Good," we met dozens of scientists who had published studies concerning adverse vaccine reactions, interviewed dozens of doctors who expressed reservations about vaccine safety, and met thousands of families whose children were injured or died after vaccination.

All too often scientists and doctors who acknowledge vaccine risks are demonized and marginalized with the threat of losing their medical licenses.⁷ And caring, educated parents who research vaccine safety for themselves, often after having a child suffer vaccine injury, are dismissed as ill-informed, anti-vaccine crazies, but nothing could be further from the truth.

Opinion polls show that vaccine safety is of concern to most American parents and that those who question vaccine safety are mostly highly educated, affluent folks.^{8,9,10}

It is often stated that vaccines are irrefutably safe. Why, then, does U.S. law recognize vaccines can injure and kill?¹¹ Why has the Vaccine Injury Compensation Program (VICP) paid out over three billion dollars to victims?¹² Why do many receive gag orders? Why does VICP list death, anaphylaxis, brain damage and related seizures, and mental impairment as compensable vaccine injuries?¹³ Why has the Supreme Court determined that vaccines are "unavoidably unsafe?"¹⁴ Why are vaccine makers shielded from liability for vaccines?^{15,16} Why does government maintain the Vaccine Averse Events Reporting System to track vaccine injuries?¹⁷ Why do Glaxo-SmithKline's internal documents show children develop

autism after its vaccine *Infanrix*?¹⁸

The question we should all be asking is why have one hundred fifty cases of measles in a nation of over three hundred million people garnered virtual nonstop media attention for weeks and prompted the introduction of legislation nationwide to restrict vaccine exemptions?

Could the frenzy be a diversion from looming Congressional hearings investigating claims of CDC whistleblower Dr. William Thompson, a senior scientist, that he and CDC officials omitted data from a study over a decade ago to conceal the link between the MMR vaccine and autism?¹⁹ Or perhaps lawsuits against vaccine giant Merck alleging Merck management and scientists fraudulently concealed the fact that Merck's MMR vaccine is not as effective as claimed?²⁰ Or perhaps the abject failure of this year's flu vaccine, merely 23 percent effective?²¹

Media coverage of measles cases and vaccine exemptions suggests an emergency over measles, but the true emergency is the failing health of our nation's children with 54 percent suffering from an autoimmune disease or neuro-developmental disability, which science links to vaccines.^{22,23} Although U.S. children are the most heavily vaccinated in the world, thirty-three developed nations have lower infant mortality rates. Contrast this with zero deaths from measles in ten years but one hundred eight deaths reported after MMR vaccine.²⁴

The media routinely blame unvaccinated individuals for recent disease outbreaks, but most of those who contracted mumps, pertussis, or measles in the majority of recent outbreaks were vaccinated, and nations with vaccination rates of 97-99 percent still suffer outbreaks.^{25,26} The true culprit is vaccine failure, as vaccine-induced immunity is not permanent.^{27,28,29,30} In addition, science shows vaccinated individuals can and do carry and spread disease, and hospitals warn immuno-compromised patients to avoid those recently vaccinated.^{31,32,33,34,35,36} (Please note that since writing this letter, both St. Jude's and Johns Hopkins removed their website warning to the immuno-compromised to avoid those recently vaccinated with live virus vaccines.)

We all want to live in as safe a society as possible, but how can anyone argue that any pharmaceutical product is safe for all, or that we know what is best for others? What's next? Should we ban from public places those who eat sugar and junk food, foods that undermine our immune systems, or those with a cough from leaving home? Do we really want to cede ownership of our bodies to the state? I don't.

Find links to two hundred published studies here: greatergoodmovie.org/learn-more/science/

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WAPF Vaccination Index

Number of studies showing vaccine-thimerosal link: 43

Number of studies showing vaccine-autism link: 97

Number of studies quoted by vaccine promoter Paul Offit showing no vaccine-autism link: 14

Rate of autism in the 1980s: 1 in 10,000

Rate of autism today: 1 in 68

Projected rate of autism in 2025: 1 in 2

Number of doses recommended by age six per the CDC vaccine schedule 1972-1988: 23

Number of doses recommended by age six per the current CDC vaccination schedule: 49

Number of doses recommended by age eighteen per the current CDC schedule: 69

Number of doses recommended for the two-month baby checkup: 8

Amount of aluminum in the seven doses at the two-month baby checkup: 1000 mcg

Maximum allowable aluminum per day for intravenous parenteral feeding, for healthy baby of eight pounds: 18.16 mcg

Amount of aluminum received by fully vaccinated eighteen-month old baby: 5000 mcg

Number of studies proving safety of injecting aluminum into human infants: 0

Amount of mercury in liquid waste considered toxic by EPA: 200 ppb

Amount of mercury in large predator fish: 700 ppb

Amount of mercury in “thimerosal-free” vaccines: 2000 ppb

Amount of mercury in some single-dose and some infant flu shots: 25,000 ppb

Amount of mercury in multi-dose flu vaccines, given to pregnant women: 50,000 ppb

Amount of mercury that kills human neuroblastoma cells: 0.5 ppm

Number of doses adults would receive in an average lifespan proposed in the National Adult Immunization Plan: 184

Increase in fetal deaths associated with mercury in the swine flu shot given to pregnant women: 4250 percent

Number of vaccines recommended for pregnant women per the current CDC schedule: 4

Number of new vaccines in development: 271

Number of vaccines a child can be safely given in one day, according to Paul Offit, vaccine inventor multi-millionaire: 10,000

Number of current vaccines proven effective: 0

Number of current vaccines proven safe: 0

Number of studies comparing children vaccinated with CDC's vaccine schedule to those unvaccinated: 0

Amount of borax/sodium borate allowed as a food additive in the U.S.: 0

Amount of borax in each Gardasil vaccine: 35 mcg

Amount of aluminum in each Gardasil vaccine: 225 mcg

Amount of aluminum in each new Gardasil 9 vaccine: 500mcg

Bodily need for aluminum: 0

Reports from U.S. to VAERS (Vaccine Adverse Event Reporting System) of death after vaccinations: 3,974

Reports from U.S. to VAERS of life threatening reactions after vaccinations: 7,403

Reports from U.S. to VAERS of permanent disability after vaccinations: 7,632

Reports from U.S. to VAERS of hospitalization after vaccinations: 28,835

Reports from U.S. to VAERS of ER visits after vaccinations: 165,358

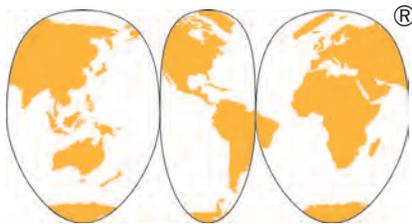
Percentage of vaccine injuries reported to VAERS: 1-10 percent

Number of deaths worldwide reported to VAERS from HPV vaccines: 226

Number of adverse reactions to vaccines since 1990, if only 1 percent are reported: over 35,000,000

WADF Vaccination Index

Number of serious adverse events reported to VAERS from the Gardasil vaccine: 5,418	Percentage of pertussis-vaccinated adolescents who still have antibodies to pertussis one year post-vaccination: 73 percent
Possible number of females harmed by the Gardasil vaccine: 382,170	Percentage of pertussis-vaccinated adolescents who still have antibodies to pertussis two to four years post-vaccination: 34 percent
Revenue to Merck from the Gardasil vaccine in 2014: \$1,700,000,000	Percentage of fully vaccinated adolescents in recent Washington state pertussis outbreak: over 75 percent
Amount pharmaceutical industry spends on marketing globally per year: \$50,000,000,000	Number of reactions from flu shots, reported to VAERS: 93,000
Number of claims filed for injury from vaccine in the National Vaccine Injury Compensation Program (NVICP), 1989 - 2013: 13,653	Number of deaths following a flu shot according to VAERS: 1,080
Number of claims filed for death from vaccines in the NVICP, 1989-2013: 1117	Number of days of missed work saved by getting the flu shot: 0.13 days
Deaths due to faulty Takata air bags leading to a recall: 5	Amount hospitals lose if staff is not 90 percent vaccinated against the flu: 2 percent of Medicare/Medicaid bonuses
Total compensation to vaccine-injured children and adults 1989-2015: \$3,100,000,000	Rate of children who do not develop antibodies from the measles vaccine: 8.9 percent
Percentage of claimants compensated: 20 percent	Rate of vaccine-exempt children in schools: 1.8 percent
Cost of caring for an autistic child with an intellectual disability over his lifespan: \$2,400,000	Number of weeks pregnant women should avoid contact with children vaccinated for varicella, according to the package insert: 6
Number of autistic children in the U.S.: at least 1,000,000	Rate of asthma in vaccinated children: 14-15 percent
Total cost of caring for autistic children in the U.S.: \$2,400,000,000,000.	Rate of asthma in unvaccinated children: 0.2 percent
Liability of vaccine manufacturers for vaccine injury: 0	Rate of ADHD in unvaccinated children: 1-2 percent
Number of adverse reactions reported to VAERS from MMR (measles, mumps, rubella) vaccine since 1990: 6962	Rate of ADHD in vaccinated children: 8 percent
Number of deaths reported to VAERS after MMR vaccine since 2004: 108	Amount collected by U. S. Treasury for the Vaccine Injury Trust Fund for each vaccine: \$0.75
Number of deaths from measles since 2004: 0	Amount paid to the Vaccine Injury Trust Fund 1989-2015 and reinvested in treasuries to pay off the national debt: Unknown; information not available
Percentage of U.S. infants receiving at least three doses of pertussis (whooping cough) vaccine in 1991: 61 percent	Income from vaccines, 2013: \$24,000,000,000
Percentage of U.S. infants receiving at least three doses of pertussis vaccine in 2008: 96.2 percent	Projected income from vaccines 2025: \$100,000,000,000
Increase in cases of pertussis in U.S. from 1990 to 2012: tenfold in last twenty years	Percent yearly increase in vaccine sales needed to reach projected income goal by 2025: 12.63 percent
	Amount donated by Bill Gates to Australia and Germany for their vaccine programs: \$50,000,000



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Will Winter, DVM, expert on pastured livestock
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LOCATION AND ACCOMMODATION

The conference hotel is the Anaheim Marriott at 700 W. Convention Way, Anaheim, CA 92802. A special conference room rate of \$155 per night plus taxes and fees has been negotiated for our attendees. This rate applies to up to four people per room. You may reserve your hotel reservations by phoning (877) 622-3056 and mentioning the Wise Traditions Conference. Reservations may also be booked on-line at resweb.passkey.com/go/wise2015. The special conference rates for hotel rooms are available only until October 20, 2015 or until all rooms are sold. Self parking is at a special rate of \$20 per day.

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- **Raw Milk** – Sally Fallon Morell, Mark McAfee and Peg Coleman
- **Movement – Spacial Dynamics** – Jaimen McMillan
- **Farm Tour** – Will Winter, DVM
- **Basic Traditional Cooking** – Hilary Boynton
- **Wiser Dietary Choices through MRT Self-Testing** – Louisa Williams
- **Homeopathy Workshop** – Ellen Bench

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Full conference registration includes conference materials, Friday sessions, Friday lunch, Friday dinner, Saturday sessions, Saturday lunch, Saturday evening awards banquet, Sunday sessions and Sunday brunch.

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<input type="checkbox"/> Thursday FTCLDF FundRAISER Event Adult	\$ 85.	\$ 85.
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<input type="checkbox"/> Full Registration Member	\$440.	\$490.
<input type="checkbox"/> Full Registration Non-Member	\$480.	\$530.
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<input type="checkbox"/> Daily Registration Student/Senior Non-Member*	\$160.	\$200.
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* Student/Seniors must show ID. Senior is 62 and older.

If you are attending as a daily registrant, please indicate the day(s) you will be attending:

- Friday November 13 (Registration includes conference materials, Friday sessions and Friday lunch.)
Saturday November 14 (Registration includes conference materials, Saturday joint sessions and Saturday lunch.)
Sunday November 15 (Registration includes conference materials, Sunday sessions and Sunday brunch.)

Friday Seminar Choice – please select one for planning purposes only, not binding.

- Nourishing Traditional Diets GAPS Diet Farming Cooking Wellness Track

Saturday Seminar Choice – please select one for planning purposes only, not binding.

- Plenary Session: Focus on Fats Wellness Track Farming & Gardening

Sunday Seminar Choice – please select one for planning purposes only, not binding.

- Food & Nutrition Lyme Disease Heart Disease Water Making it Practical

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- GF/CF meals OR GF only OR CF only for _____ children OR _____ @ \$150 per child, includes no meals.

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By submitting this form, I authorize Wise Traditions to charge the applicable registration fees. I understand that all cancellations must be submitted in writing and must be received by October 17, 2015 to be eligible for a refund, less a \$25.00 administrative fee. All refunds will be issued following the conference. Substitutions will be permitted at any time. Registration packets will not be mailed and must be picked up on-site at the conference registration desk at the Anaheim Marriott Hotel.

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- I am a chapter leader.
I plan to attend the Chapter Leader Meeting
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Wise Traditions 2015

Anaheim Schedule

THURSDAY NOVEMBER 12

CHAPTER LEADERS MEETING

- 10:00-04:00 Chapter Leader Meeting – for current chapter leaders
- 6:00-09:30 FundRAISER Reception and Food Freedom Program (additional fee)

FRIDAY NOVEMBER 13

- 7:00-07:45 Morning Movement – Kim Thompson
- 8:00-08:45 Morning Movement – Kim Thompson

SEMINAR ON TRADITIONAL DIETS TRACK

- 9:00-12:00 Introduction to Dr. Price's Work & Healthy Traditional Diets – Sally Fallon Morell, MA
- 1:30-03:30 Fats and Oils in Traditional Diets – Sally Fallon Morell, MA
- 3:30-05:00 How to Change Your Diet for the Better – Sally Fallon Morell, MA

GAPS TRACK

- 10:00-05:00 Gut and Psychology/Gut and Physiology Syndrome – Natasha Campbell-McBride, MD, PhD

WELLNESS TRACK

- 10:00-12:00 Ancient Medicine and the Wheel of Health – Philip Weeks, MH, LAC
- 1:30-03:30 Detox and Fasting for Rejuvenation and Health – Philip Weeks, MH, LAC
- 3:30-05:00 Adrenal Health—How to Get Your Mojo Back! – Philip Weeks, MH, LAC

FARMING TRACK

- 10:00-05:00 Managed Intensive Grazing – Allan Savory & Chris Kerston

COOKING AND BUSINESS TRACK

- 10:00-12:00 Culturing a Real Food Business – Elaina Luther
- 1:30-03:00 Light as Air: Artisan Sourdough Bread – Min Kim
- 3:30-05:00 Continuous Kombucha – John Moody & Hannah Crum

EVENING LECTURES

- 8:00-10:00 A Cancer Diagnosis for Your Child—What to Do? – Season Johnson
- 8:00-10:00 The Science of Kombucha – Hannah Crum & Alex LaGory
- 8:00-10:00 Ask the Doctor Panel – Tom Cowan, MD, Ron Schmid, ND, Philip Weeks, MH, LAC
- 8:00-10:00 Broth, the New Kale! – Kaayla Daniel, PhD
- 8:00-10:00 The Greater Good: Another Look at Vaccines (Followed by Q&A) – Leslie Manookian, MLC Hom

SATURDAY NOVEMBER 14

- 6:00-06:45 Morning Qi Gong – Geri Quintero
- 7:00-07:45 Morning Movement – Kim Thompson

PLENARY SESSION: Focus on Fats

- 9:00-09:30 Introduction to the Work of Weston A. Price – Sally Fallon Morell, MA
- 9:30-10:45 The PHO Public Health Disaster – the Complete Story – Gerald McNeill, PhD
- 11:00-12:15 Dangers of Polyunsaturated Oils – Gerald McNeill, PhD
- 1:45-03:00 Resolving Inflammation and Creating Food Tolerance with Animal Fats – Chris Masterjohn, PhD
- 3:15-04:30 The Fat-Soluble Activators – Sally Fallon Morell, MA

WELLNESS TRACK

- 9:00-12:15 Understanding Your Own Blood Test Results – Jim Marlowe
- 1:45-04:30 DIY Diagnosis – Donna Wild

FARMING AND GARDENING TRACK

- 9:00-10:30 Dirt Poor, Badly Bred and Improperly Prepared: Missing Nutrients in Modern Food – John Moody
- 10:45-12:15 Holistic Pastured Livestock Herd Health – Will Winter, DVM
- 1:45-03:00 How to Have a Totally Organic Garden – Celeste Longacre
- 3:15-04:30 BioChar Production – Mark Baker

EVENING

- Banquet Keynote – Allan Savory

Wise Traditions 2015

Anaheim Schedule

SUNDAY NOVEMBER 15

- 6:00-06:45 Morning Movement – Kim Thompson
7:00-07:45 Morning Qi Gong – Geri Quintero

Track I: FOOD AND NUTRITION

- 9:00-10:20 Folic Acid Supplementation: Masking a Small Problem While Creating a Bigger Problem? – Stephanie Seneff, PhD
10:30-11:50 Vaccines or Nutrition – Marty Michener, PhD
1:30-02:50 Methylation Nutrients: Balancing the Diet Targeting the Needs of the Individual – Chris Masterjohn, PhD
4:00-05:20 Death by Food Pyramid – Denise Minger

Track II: LYME DISEASE

- 9:00-10:20 Simple Nutritional Support for Lyme Disease – Kim Schuette, CN, Cert. GAPS Pract.
10:30-11:50 Building a Strong Immune System Against Lyme and Other Diseases – Natasha Campbell-McBride, MD, PhD
1:30-02:50 Herbal Support for Lyme Disease – Philip Weeks, MH, LAC
4:00-05:20 – Jorge Moreno, DO

Track III: HEART DISEASE

- 9:00-10:20 Treating Heart Disease – Ron Schmid, ND & Michael Traub, ND
10:30-11:50 Heart Rate Variability: What Does it Reveal? – Beverly Rubik, PhD
1:30-02:50 Blood Flow and Cardiovascular Disease: A New Perspective – Stephanie Seneff, PhD
4:00-05:20 Blood Microscopy: Studies on Nutrition and Exposure to Cell Phone Radiation – Beverly Rubik, PhD

Track IV: WATER

- 9:00-10:20 Working with Deuterium-Depleted Water – Tom Cowan, MD
10:30-11:50 Most Americans Drink Treated Sewage—Are You One of Them? – Norm Lemoine & Tom DiGuiseppe, PhD
1:30-02:50 Cells, Gels and the Engine of Life – Gerald Pollack, PhD
4:00-05:20 Cells, Tissue and Crystalline Water – Marty Michener, PhD

Track V: MAKING IT PRACTICAL

- 9:00-10:20 Let There Be Light – John Moody
10:30-11:50 Can FOOD Be Addictive? As Addictive as Cocaine? Cigarettes? Alcohol? – Tiffany Wright, PhD
1:30-02:50 Awakening to Sleep – Kaayla Daniel, PhD
4:00-05:20 Practical Ways to Protect Yourself from Electromagnetic Radiation – Mary Cordaro

CLOSING CEREMONY

- 5:30-06:30 Raw Milk Nation – Mark McAfee

MONDAY NOVEMBER 16

FARM TOUR

- 7:30-05:00 Farm Tour – Will Winter, DVM

COOKING TRACK

- 9:00-04:00 Basic Traditional Cooking – Hilary Boynton

ENERGETIC TESTING TRACK

- 9:00-04:00 Wiser Nutritional & Dietary Choices through MRT Self-Testing – Louisa Williams, MS, DC, ND

HOMEOPATHY TRACK

- 9:00-12:00 Family Empowerment – Ellen Bench, Dhom, HMC
1:00-04:00 Child Immunization Options – Ellen Bench, Dhom, HMC

MOVEMENT TRACK

- 9:00-04:00 Moving Towards Wholeness – Jaimen McMillan

RAW MILK TRACK

- 9:15-10:30 Why Raw Milk? – Sally Fallon Morell, MA
10:45-12:00 RAWMI – Mark McAfee
1:15-02:30 Risk Beyond Numbers: Understanding Data, Gaps, and Assumptions Bridging Them – Peg Coleman



Why We Need to Reexamine the Risk/Benefit Tradeoffs of Vaccines

by Dr. Stephanie Seneff, MIT

The recent media blitz on the measles outbreak in Disneyland has caused even greater polarization than that which previously existed between pro-vaccine and anti-vaccine camps. State governments have jumped on the notion that measles remains a threat, taking this opportunity to pass even more stringent laws restricting parents' rights to refuse vaccination for their children. Pro-vaccine enthusiasts are delighted that clamping down on the right to refuse vaccines will push the percentage vaccinated up towards 100 percent.

But parents who are legitimately concerned over possible harm from the adverse reactions to vaccines now feel threatened that “medical tyranny” will force them to stand by helplessly as they watch their child get injected with the toxic chemical soup that’s contained in most vaccines. Both sides feel outrage for the same reason: concern that their children will suffer consequences if their belief system is not upheld.

It is very difficult to weigh the pros and cons of any given vaccine properly, or even on the vaccination concept in general. The public forum promoted by the government downplays the risks and exaggerates the benefits. In the case of measles, we have become programmed to fear a disease that is usually very mild and almost never fatal. I remember well the measles outbreak in my community when I was a child in the 1950s. We were encouraged to be sure to catch it in this wave, as the opportunity might not come again until we were adults. We understood that it was best to get measles in childhood and that this would afford lasting protection from a future infection.

Despite all the hoopla surrounding the Disneyland outbreak, there have been no fatalities. In fact, the Centers for Disease Control (CDC) records no fatalities at all in measles cases in the U.S. over the past ten years. Over that same time period, the CDC's Vaccine Adverse Event Reporting System (VAERS) database has reported over one hundred fatalities linked to the measles, mumps, and rubella (MMR) vaccine. Since VAERS adverse reactions are grossly under-reported,¹ the actual number is probably much larger.

It is ironic that health officials express such concern about the non-vaccinated spreading disease to the vaccinated population. Presumably, if you're vaccinated you have protection, so why should you worry? What's even more ironic is that the vaccine itself can be contagious. For example a one-year-old baby was vaccinated with varicella and his pregnant mother developed a varicella infection sixteen days later, verified as the vaccine strain.² She elected to abort the pregnancy as a consequence.

While immunity following a measles infection is permanent, vaccination-based immunity wears off over time, leaving an unknown percentage of the vaccinated population now susceptible to exposure. As a consequence, we now face a difficult situation with respect to measles, because most of the children and young adults in this country are now vaccinated against it, and almost none of them have the lifetime protection afforded by a measles infection. Most at risk are the infants under six months old, born to mothers whose vaccine-based immunity has worn off. In

nature's clever design, newborn infants receive in their mother's milk antibodies to diseases to which the mother has acquired immunity, and this affords protection against the disease during the critical neonatal period, when infants' own immature immune systems leave them more vulnerable. The solution offered by the medical community—to vaccinate pregnant women with MMR—poses a direct threat to the fetus due to the toxic chemicals in the vaccine, which may cause harm to the developing fetal brain.

I am especially concerned about the glutamate—glutamate makes up 10 percent of the amino acid content of the gelatin on which the virus is grown. Glutamate is a well-established neurotoxin, contained in only a few vaccines, one of which is MMR. Another vaccine that contains glutamate is the flu vaccine, now administered much more widely than was the case just a few years ago, including to pregnant women, and based on the same argument of protection for the newborn. Half the doses of flu vaccine also contain mercury, arguably the most toxic metal on earth.

EVIDENCE OF POTENTIAL HARM

When most people think of potential harm from vaccines, they think of mercury, as this has been the most widely publicized toxicant contained in vaccines. The issue of mercury in vaccines has allegedly been put to rest, following a reduction in mercury burden around the year 2000, but that did not lead to a reduction in the incidence of autism. However, that experiment was flawed because other factors, particularly a simultaneous increase in the aluminum content in vaccines, but also an increase in toxic exposure from food (more about that later) likely were offsetting factors. Dialysis dementia establishes beyond a shadow of a doubt that aluminum is toxic to the brain. Patients with kidney failure develop dementia if there is too much aluminum present in the dialysate.

It is disturbing to me that we are now (in my opinion, recklessly) administering the flu vaccine to infants and pregnant women without regard to the fact that about half of the flu vaccines administered contain mercury as a preservative. As mentioned previously, the flu vaccine also contains glutamate, a known neurotoxin.

Dialysis dementia establishes beyond a shadow of a doubt that aluminum is toxic to the brain.

That Wakefield was aware of the link between autism and gut problems such a long time ago is stunning. The retraction of his article led to a long delay in our awareness of this link which would have helped us to recognize better how to treat or prevent autism.

Potential links between MMR and autism are probably the second-most common general perception about vaccine risk. Many people are aware of the “discredited” *Lancet* paper published by Dr. Andrew Wakefield in 1998,³ which proposed a link between the measles component of MMR and gut disease in children with autism. This paper engendered an intense investigation, which led to its retraction and a campaign to discredit its author through accusations of fraud. Wakefield is a gastroenterologist, and therefore an expert on children with gastrointestinal disorders. Today it has become very clear that gut dysbiosis is strongly linked to autism, and, furthermore, that gut dysbiosis is rapidly becoming an epidemic.

That Wakefield was aware of the link between autism and gut problems such a long time ago is stunning, and what frustrates me is the fact that the retraction of his paper has led to a long delay in our awareness of this link, which would have helped us to recognize better how to treat or prevent autism. Despite his setback, Wakefield published a follow-on article providing a strong argument for how gut dysbiosis can lead to encephalopathy linked to autism through the release of excitatory peptides through the leaky

gut barrier.⁴ I have personally investigated potential links between autism and MMR, which resulted in a paper published in 2012, based on an analysis of the VAERS database.⁵ At the time, I was frustrated because I did not understand which ingredients in the MMR vaccine might be toxic to the child’s brain, but I believe I now understand this much better, as will become clear later in this article.

Although it might seem a simple matter to compare a vaccinated population with an unvaccinated one to see whether there are differences in the incidence of various health issues, this is difficult to do in practice, because those who choose not to vaccinate are different from the general population in important ways. For example, parents often arrive at this decision after one of their children has suffered from a severe adverse reaction to a vaccine. This likely means that the family’s genetic make-up predisposes them to increased risk to the very conditions that vaccines are linked to. On the other hand, those who choose not to vaccinate are probably also more likely to avoid other environmental chemicals, for example, to provide their children with an organic diet. This may bias the distribution towards a perceived risk

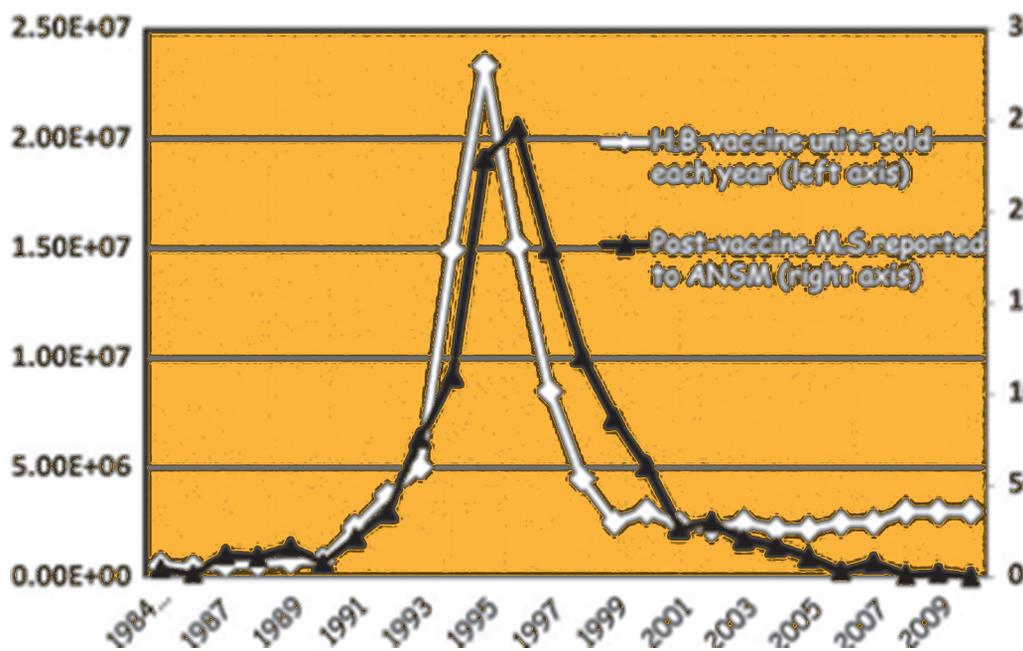


FIGURE 1: Sales of hepatitis B (HB) vaccine every year in France; comparison with report of post-vaccine MS to the national pharmacovigilance agency (ANSM) (1984-2010). Reproduced from Le Houézec, 2015,⁶ with permission.

from vaccines that is actually due to chemicals in foods treated with pesticides or contaminated with food additives.

I believe that one of the best ways to examine risk is to look at large population studies. A unique opportunity to study correlations with vaccination and autoimmune disease was the “wave” of vaccination of twenty million French individuals, across multiple ages, with hepatitis B (Hep-B) vaccine, concentrated over the four-year period from 1994 to 1997. ⁶ This wave was followed by an “echo” about two years later of an “epidemic” in multiple sclerosis; that is, the two curves match remarkably well with a delay of two years (see Figure 1). Hep-B contains aluminum adjuvant, which could be a causative factor in the development of MS, although molecular mimicry between proteins in the virus and components of myelin are another possibility. In fact, it could be that aluminum bound to the antigen increases its allergenicity, leading to a synergistic effect.

Another excellent example of an epidemiological study is the recent paper by Deisher and others,⁷ which examined changes over time in vaccination policy and compared them to changes in autism rates across multiple countries. They were able to show a consistent trend over multiple vaccines whereby a large increase in the vaccinated population for a specific vaccine was followed directly by an increase in the slope of

the autism curve. They noted that every one of the implicated vaccines contained live cultures grown on human fetal tissue. They conjectured that human DNA or retrovirus were the critical factors in the vaccine causing harm.

It should be noted that while our bodies contain huge amounts of our own DNA, it is normally housed inside the nucleus of our cells, and when cells die they normally undergo a programmed death procedure called apoptosis that involves breaking down the DNA so that it will not be released into the tissues. If a cell is acutely exposed to a toxic chemical that rapidly destroys its membrane, it may react so quickly that it is unable to undergo apoptosis. As a result, its DNA spills into the environment, and immune cells interpret this as a cue to go on high alert.

This may well be the reason that aluminum adjuvant works in vaccines to enhance the immune reaction to aluminum-containing vaccines. Vaccine manufacturers believe that aluminum adjuvant is beneficial because it reduces the amount of antigen needed to get the vaccine to produce the desired immune response. It may well be, therefore, that the DNA contained in the vaccines produced by growing the infective agent on human fetal tissue also induces a similar acute response of the immune system, due to a false interpretation of the human DNA as coming from an acutely poisoned cell. The problem

Researchers were able to show a consistent trend over multiple vaccines whereby a large increase in the vaccinated population for a specific vaccine was followed directly by an increase in the slope of the autism curve.

Symptom	Count before 2000	Count after 2000	p-value	Count w/ aluminum	Count w/o aluminum	p-value
Seizures	636	3468	0.0000	2350	1023	0.00028
Injection Site Reaction	1961	4605	1.0E-8	3851	2584	0.000061
Infection	195	1552	1.0E-8	1358	927	0.0026
Swelling	8621	13218	1.0E-8	11406	8470	0.0000026
Pain	8153	12122	6.0E-8	8576	7099	0.00044
Cellulitis	760	1977	0.000001	2087	1089	0.000024
Depression	57	322	0.00023	334	143	0.0031
Death	210	558	0.0040	483	303	0.011
Fatigue	1222	1839	0.00080	1744	968	0.00011
Insomnia	81	195	0.0089	230	71	0.0025

TABLE 1: Reactions that were significantly more common in VAXERS after 2000 were also significantly more common in aluminum-containing vaccines over the entire time span. This suggests that these are linked to the aluminum in the vaccines. The counts are the total number of events that occurred where this symptom was mentioned, within the various subsets of VAERS. (Reproduced from Seneff et al., 2012.¹⁴)

Glutamate in vaccines is much less well studied, even though it is a known excitatory neurotoxin that's linked to autism and multiple other neurological diseases.

in both cases (aluminum or fetal tissues) is that DNA exposure to immune cells can lead to autoimmune disease.

It is quite possible, however, that other ingredients besides the human DNA are at play in the correlations with autism observed by Deisher and others.⁸ While they found an effect for several different vaccines, every one of them contained either aluminum— Havrix (hepatitis A) and Pentacel (diphtheria, tetanus, pertussis, poliomyelitis, and influenza B) or glutamate (Varivax, MMR and Meruvax rubella)— present either as free glutamate or a component of gelatin or both. We have already seen how aluminum might cause harm by exposing immune cells to human DNA from cells at the site of injection, fatally damaged by aluminum, but aluminum is also a well-established neurotoxin, on par with mercury.^{8,9} Studies on premature infants exposed to aluminum through intravenous feeding have clearly shown a link between the small amounts of aluminum in the nutrient solution and neurological damage.¹⁰

Glutamate in vaccines is less well studied, even though glutamate is a known excitatory neurotoxin that's linked to autism¹¹ and multiple other neurological diseases.^{12,13} In the next section, I will explain my hypothesis that vaccines

are becoming more and more toxic over time due to their synergy with glyphosate, the active ingredient in the most pervasive herbicide, Roundup.

VACCINE-GLYPHOSATE SYNERGY

In 2012, I published a paper together with collaborators titled, “Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetaminophen Exposure.”¹⁴ This paper was based on a detailed analysis of the VAERS database, and we specifically looked at frequencies of various adverse reactions to subsets of the database, restricted either to different time intervals or to different subsets of the vaccines. We were interested in both aluminum-containing vaccines and the MMR vaccine (due to its plausible link to autism identified by Andrew Wakefield).

What we discovered was very surprising: the aluminum-containing vaccines appeared to be much more toxic after the turn of the century compared to before the turn of the century. Table 1 is reproduced from that paper, where we enumerated several symptoms that were far more likely to occur in association with an aluminum-containing vaccine, but also far more likely to occur after 2000 compared to before 2000, when *all* the vaccines were included in the analyzed

More Common before 2002

Reaction	Count early	Count late	p-value
joint pain	163	68	0.012

More Common after 2002

Reaction	Count early	Count late	p-value
headache	122	189	0.050
abscess	55	124	0.023
autism	63	153	0.013
shortness of breath	115	221	0.016
hives	361	523	0.018
hospitalization	69	354	0.00018
seizures	255	531	0.0015
eczema	4	36	0.026
anaphylactic shock	23	74	0.023

TABLE 2: Counts of occurrences of various reactions to the MMR vaccine before (early) and after (late) 2002. In all cases, the p-value for chance occurrence of the distribution is 0.05 or below.

VIRUSES CAN IMPROVE YOUR IMMUNE SYSTEM

There is much about viruses that we simply do not understand. Viruses are fascinating life forms, and recent evidence suggests that they are the main source of new DNA sequences that drive our own evolution.²¹ I conjecture that they play an essential role in driving adaptation to environmental stress factors.

My studies on the flu virus have revealed that these tiny creatures infect muscle cells in order to raid them of sulfate. The viruses reprogram the infected cell to build a sulfated mucopolysaccharide coat to decorate the exterior of each newly minted virus particle.²² The freshly minted viruses are released into the blood stream, and are later devoured by a roaming immune cell, such as a macrophage. The macrophage then kills and digests the virus, thus essentially accepting delivery of the mucopolysaccharides from the muscle cell, packaged up on the back of the virus. The sulfate in the mucopolysaccharides can then be used by the macrophage to solve its deficiency problem.

My research has identified systemic sulfate deficiency as a key component of most diseases that are on the rise today. The immune system is especially vulnerable to insufficient sulfate. Macrophages depend upon sulfate to maintain the acidic environment in the lysosomes that is needed to digest and recycle cellular debris. Insufficient sulfate will impair both their ability to kill viruses and metabolize their contents, and their ability to clear debris from dead and dying human cells.

Thus, when the immune cells have insufficient sulfate, the flu viruses flourish, invade the muscles, and redistribute sulfate from the muscles to the immune cells. Other viruses infect different tissues and steal sulfate from them. This reinvigorates the immune system at the expense of the cells under attack. Once the immune cells acquire sufficient sulfate to clear the virus, the person recovers from the disease. People with a plentiful supply of sulfate to begin with never get the flu, because the virus particles are easily kept in check by the healthy macrophages.

Measles probably serves a similar purpose. Few people realize that multiple studies have shown that an infection with the measles virus can produce beneficial results. Children who have had the measles have fewer allergic diseases.^{23,24} Intractable epileptic seizures have been known to disappear following a virus infection, including measles, mumps and rotavirus.²⁵ Juvenile rheumatoid arthritis has been brought into remission by infection with measles.²⁶ Psoriasis has been cured by measles infection.²⁷

Most remarkably, cases of substantial shrinkage of tumors (infantile Hodgkin's disease) have been recorded following a measles infection.²⁸ A seminal study on mice showed that injection of live (but not killed) measles virus directly into a tumor led to a mobilization of neutrophils to the tumor site, where they released cytotoxic chemicals that resulted in tumor shrinkage.²⁹ This to me is clear evidence that measles strengthens the immune system.

Scientists have known since at least the early 1990s that the virus responsible for Newcastle disease also shows promise in cancer therapy.^{30,31} Ironically, if the person's immune system is efficient in attacking the virus, then it will not work well for cancer therapy. Thus, a massive vaccination program would pretty much preclude the possibility of using a particular virus strain as treatment. Neuroblastoma is one of the most common cancers in childhood and it has a poor prognosis. One experimental treatment that is being explored at the State University of New York at Stony Brook is to use polio virus to treat this cancer.³²

Researchers at Duke University are having some preliminary success in using polio virus infection to treat glioblastoma, the most common and most aggressive malignant primary brain tumor in humans. Their research was recently highlighted by the television program "60 Minutes." The discoveries that certain viruses preferentially infect tumor cells and mobilize an immune response imply that a natural infection with the virus would be protective against cancer.

all the vaccines were included in the analyzed sets!

We wrote in the paper's abstract: "A strong correlation between autism and the MMR (measles, mumps, rubella) vaccine is also observed, which may be partially explained via an increased sensitivity to acetaminophen [Tylenol] administered to control fever." We were frankly at a loss to explain how MMR could cause autism, because it does not contain either aluminum or mercury, two well-established neurotoxic metals. Our theory, which others had suggested as well,¹⁵ was that the autistic children were especially sensitive to acetaminophen, which is often administered to control fever following vaccination. MMR was significantly more often associated with fever than all the other vaccines serving as a control.

Today I recognize two additional factors that more fully explain

both the acetaminophen connection and the MMR connection to autism. Acetaminophen is metabolized in the liver by cytochrome P450 (CYP) enzymes, and glyphosate—the active ingredient in the herbicide RoundUp—suppresses CYP enzyme activity in the liver. What this means is that glyphosate is synergistically toxic with acetaminophen because it interferes with its breakdown. And, glyphosate usage on corn and soy crops increased dramatically following 2000, due to the widespread adoption of the new "Roundup

MMR contains glutamate, as it represents 10 percent of the amino acids found in gelatin, which is used as a nutrient on which the live virus is grown.

Ready” genetically modified versions of these crops.

Another factor associated with MMR that we completely overlooked in the paper is glutamate. Glutamate is a known neurotoxin, but the body is normally able to convert it to glutamine, using the enzyme glutamine synthase. However, glutamine synthase depends on manganese, which is chelated by glyphosate, making it unavailable. MMR contains glutamate, as it represents 10 percent of the amino acids found in gelatin, which is used as a nutrient on which the live virus is grown. More recently, I published another paper together with Anthony Samsel describing all the ways in which manganese chelation by glyphosate would disrupt physiology,¹⁶ and a surprising number of these were linked to known pathologies in autism.

I think it likely that glyphosate is making the glutamate in vaccines more toxic than it would otherwise be, due to the fact that it sticks around much longer when manganese is unavailable. In fact, if you separate the VAERS database at the midpoint in time (2002), and look at the reactions associated with MMR before and after that date, you find several reactions that are more common after 2002 (including autism), and only one reaction (joint pain) that is more common before 2002 (see Table 2). Interestingly, both joint pain and many of the reactions that are more common after 2002 (such as anaphylactic shock, seizures, hives, eczema, and shortness of breath), are also typical adverse reactions that occur in people who have an allergy to monosodium glutamate (MSG).

In the conclusion of the paper on aluminum and acetaminophen, we wrote: “The fact that mentions of autism rose steadily concomitant with significant increases in the aluminum burden in vaccines is highly suggestive. However, it is possible that other factors, such as more aggressive reporting or simultaneous increases in other environmental toxins, for examples herbicides or pesticides, or aluminum in other products such as antiperspirants and antacids, may have contributed to these observed increases.” This was prescient, as I now believe that indeed there is one herbicide in particular that has caused the aluminum in vaccines to be much more toxic than it used to be, and that is glyphosate. In fact, I have published two papers, together with colleagues, in which we propose that glyphosate enhances the toxicity of aluminum, through multiple mechanisms.^{17,18}

Glyphosate makes both the gut barrier and the brain barrier leaky, which allows aluminum to get past these barriers and into the brain. Disruption of the pineal gland in the brain stem can explain the increased incidence of sleep disturbances in association with aluminum-containing vaccines and with vaccines administered after 2000. Glyphosate also causes pathogens to overgrow in the gut, and one of the toxic products of these pathogens enhances uptake of aluminum by cells. We even suspect that glyphosate binds to the aluminum in the vaccines and “escorts” it to the terminal watershed region of the brain stem, where it then unloads its cargo in the acidic environment, essentially delivering aluminum to the brain. Glyphosate also enhances voltage-

WHAT CAN A MOTHER DO TO PROTECT HER CHILD?

What’s my advice to a mother facing an onslaught of vaccinations for her child? I recommend reading some of the literature on the dangers of the toxic chemicals in the vaccines, such as aluminum, mercury, glutamate, retroviruses and human DNA, to help you make an informed decision. Vaccines used to be a lot safer than they are today, and the reason, I believe, is the synergistic effect of all the other toxic chemicals that today’s kids are exposed to, in the air, the water, and their food. Some of these factors can be controlled, particularly the food. I cannot recommend enough the advice to switch your children to a 100 percent organic whole foods diet. I realize this takes more effort and costs more, but if you end up protecting your child from one of the many autoimmune and neurological diseases that today’s kids suffer from, it will be well worth it.

If your child already suffers from asthma, eczema, food allergies, epilepsy, attention deficit hyperactivity disorder (ADHD), autism or anxiety, then you need to be very careful with vaccines. If you don’t feel you can responsibly omit all the vaccines, at least space them out and make sure your child does not have a cold or other illness at the time of a vaccination. I recommend this for any child, but especially for a child who is already suffering from these conditions. Finally, please get your kids outside in the sunlight without sunscreen as much as possible. Sunlight catalyzes the synthesis of sulfate in the skin³³ and this is one of the best ways to ensure that your child’s sulfate supplies are adequate. Adequate sulfate will help protect children from disease and make vaccines much less dangerous.

gated calcium channels, and aluminum can gain entry through these channels by acting as a calcium mimetic.

VACCINES JUST ALTER WHICH VIRUS YOU GET

It is becoming increasingly clear to me that the vaccination program as a whole is only succeeding in altering which infections we get; it is not actually protecting us from infectious disease *in general*. This is most glaringly apparent for the flu vaccine. We are told that this year's vaccine is not very effective because we "guessed wrong" when we made the decision about which strains to include in the vaccine. A mid-season evaluation of the effectiveness of this year's flu vaccine in the UK came up with a dismal performance of just 3.4 percent effectiveness.¹⁹ These authors wrote: "The current season has led to large numbers of care home outbreaks, often in highly vaccinated populations, hospitalizations and significant excess all-cause mortality in the over sixty-five-year-old population."

My prediction is that we will continue to "guess wrong" every year, because the vaccine itself is actually influencing which strains thrive. When the vaccination coverage is very high, the strains that are targeted are effectively wiped out, and this provides an opportunity for other strains to fill the vacuum.

This pattern is unfolding across multiple vaccine series. The original Hib vaccine targeted just *Haemophilus influenzae* type b. The result was that types a, e, and f gained prominence. So a new pneumococcal vaccine (Prevnar 7) was introduced to cover seven strains. A few years later, this was replaced by "Prevnar 13." They are playing a similar game with Gardasil: the original Gardasil vaccine covered four major strains of HPV. But it's been found that women who are vaccinated against these four have a higher risk of being infected with some other strain not covered by the vaccine. The answer, it seems, is to add more strains to the mix. "Gardasil-9" is about to appear, covering nine strains of HPV and with twice as much aluminum content. The original Gardasil vaccine already had a high level of a very toxic form of aluminum. There are more than eighty different strains of HPV, so this is not a scalable solution.

Thus, we can never win this game. In fact, a placebo controlled study in Hong Kong found that those who were vaccinated against the flu had no statistically significant improvement in flu infection rates, but had a 4.4-fold increase in infection with syncytial virus, a strain that produces symptoms nearly indistinguishable from influenza.²⁰ People who get the flu vaccine every year are reducing their general immune health with each vaccine, due in part to the accumulation in their tissues of mercury and glutamate. Very soon it will become clear to everybody that the flu vaccine has no benefit, and I think it is likely contributing to the epidemic we're seeing in Alzheimer's disease in the elderly, because of the toxic effects of glutamate and mercury on the brain.

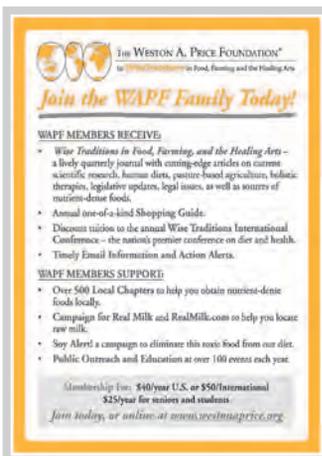
Streptococcus pneumoniae lives naturally in the nasopharynx of healthy individuals, causing no harm. A vaccine against this microbe will cause it to disappear from the respiratory tract, nasopharynx and sinuses, with unknown consequences. Certainly this leaves room for other species to take hold, and one can only guess what those species might be. So by vaccinating against one microbe, you are opening the door for other microbes to invade. This is true more generally, and it might explain why we are seeing a number of strange new pathogens emerging, or old pathogens becoming much more virulent in recent years, such as SARS (bird flu), H1N1 (swine flu), Lyme disease, Ebola, Epstein Barr, hepatitis C, and AIDS. ☹☹

Dr. Stephanie Seneff is a senior research scientist at MIT's Computer Science and Artificial Intelligence Laboratory in Cambridge, Massachusetts. She has a bachelor's degree from MIT in biology with a minor in food and nutrition, and a PhD in electrical engineering and computer science, also from MIT. Her recent research has focused on the pervasive toxicants, aluminum and glyphosate. She proposes that low-nutrient food combined with pesticides and toxic metals play a crucial role in many modern conditions and diseases, including heart disease, diabetes, obesity, arthritis, gastrointestinal problems, Parkinson's disease, Alzheimer's disease and autism.

People who get the flu vaccine every year are reducing their general immune health with each vaccine, due in part to the accumulation in their tissues of mercury and glutamate.

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Some Thoughts on the Vaccination Debate

by Nicholas Gonzalez, MD

I recently had the opportunity to join a Functional Medicine Journal Club online debate on vaccinations, which prompted me to write the following response. In my mind the discussion, sometimes heated, really brought into focus the larger, more global issues of infectious disease, the nature of infection, and the all-important participant in the action: the host. I wanted to share all of these crucial matters with the larger audience of the Weston A. Price Foundation.

I don't think it too helpful when physicians and scientists, as happened in the discussion, turn to emotional arguments and pleas in defense of vaccination that do little to advance a scientific, objective perspective. Evoking the vision of an unvaccinated relative paralyzed by polio, for example, or poor Thai children stricken with diphtheria doesn't teach us what we need to know about the role of innate immunity and the pathogenicity of microorganisms.

Even throughout the so-called “epidemic” years of the late 1940s and early 1950s, most contracted the virus without any recognition that they had been infected with the “deadly” polio organism.

In terms of my own background, though I am known to many as a physician offering an intensive nutritional program for patients diagnosed with advanced cancer and other serious diseases, my formal training was in cancer immunology, in a specially designed program created for me by my conventional mentor Robert A. Good, MD, PhD, for years president of Sloan-Kettering. Dr. Good, called the “father of modern immunology” by the *New York Times*, was the most published author in the history of medicine and the scientist who first unraveled the immune complexities of the thymus in the 1950s. When I joined his group as a fellow, I lived in his house with his wife, living, breathing, and ingesting immunology, an experience that has served me well in my medical career however far from the conventional path it has veered.

Through Dr. Good I learned of René Dubos, PhD, the famed Rockefeller University researcher who started his professional life as a soil microbiologist, but then in the 1950s and 1960s emerged as the leading voice insisting we all view infectious disease in an ecological context—a lesson that has stayed with me since I devoured his many books and papers years ago. Dr. Dubos knew more about the subject than anyone who probably will ever live, and along the way he first warned in the 1950s that antibiotics came with a down side: the disruption if not the destruction of our normal bacteria flora, a problem virtually ignored at the time by Western research and medicine.

POLIO

I think, in the current debate, it would be a most useful exercise to go back in time to review historical examples of allegedly or presumably catastrophic infectious disease, and specifically two examples, that of polio and Keshan’s disease, for which in both cases a vaccine was thought to be the only solution.

I remember the hysteria generated in the media by the spectre of polio and the well-funded advertising campaigns by organizations such as the March of Dimes, relying, of course, on emotional arguments to raise money from “regular” moms and dads and Girl Scout and Boy Scout troops all over the country. My childhood vision of polio was that of a true catastrophe, threaten-

ing the entire population of the United States, with our only hope the dedication and hard work of our wonderful research scientists who were extolled in the press on a near daily basis.

Years later as a fledgling research immunologist under Dr. Good and somewhat fascinated by DuBos’s perspective, I began to investigate the actual epidemiology and ecology of polio. As I was to learn, it turned out that polio “epidemics,” as they were called, didn’t really emerge until the late nineteenth and early twentieth centuries. I had been taught in medical school that the epidemic nature of polio showed itself because of growing population density in urban areas associated with poor sanitation. Though this position seemed logical because polio transmits through a fecal-oral route, the opposite has in fact proven to be the case.

Studies from the late 1940s, before the availability of the Salk vaccine, indicated that in low-income urban areas up to 90 percent of the population showed antibodies to polio, though most who tested positive had no recollection of having been infected and had not experienced any residual neuro-muscular problems. For them, the disease seemed no more serious than a brief upper respiratory infection or gastroenteritis.

True, the number of deaths from the disease and cases of paralytic polio did increase significantly in the early 1950s, but these numbers were hardly at the level of full-blown catastrophe. For example, in 1949, considered an epidemic year, 42,173 cases were identified in the U.S., with 2,720 deaths. Anyone unfortunate enough to be killed, or struck down and left paralyzed would be an individual tragedy, but the numbers just were not there for a major epidemic as has often been portrayed. Even throughout the so-called “epidemic” years of the late 1940s and early 1950s most contracted the virus without any recognition that they had been infected with the “deadly” polio organism.

Ironically, the increasing incidence of paralytic cases and deaths, though still relatively small, occurred as intensive public health campaigns to clean up the cities went into full force. As in most instances, Nature doesn’t work the way the human mind would like it to work. It turns out all these highly funded and well-intentioned efforts to prevent polio by cleaning

out and sterilizing the cities came inevitably with unintended consequences. In its usual ecological setting, prior to these public health experts at work, polio rarely struck infants younger than six months old, most commonly infecting children between six months and four years of age when the disease usually presented in its “common cold” form. With improved sanitation—which included spraying poor areas with DDT, a potent nerve poison—polio tended to hit at later ages, even into adulthood, when it was quite a different, far more aggressive illness. So, with improved sanitation, fewer children were exposed to the disease, more adults were, and the results in adults were disastrous. In “unclean” urban areas, early exposure mitigated the severity of the illness, with the added benefit of providing lifetime immunity. With improved sanitation the disease became far more deadly. In this context I am reminded of more recent studies demonstrating that children allowed to play in the mud and muck—as I was as a child before germ-phobia became itself an epidemic—and who attend day care centers where they are exposed to all manner of drippy noses and minor infections, tend to have far less asthma, far fewer allergies, and far stronger immunity, than their over-protected peers.

KESHAN'S DISEASE

Keshan's disease provides another interesting take on another seemingly “catastrophic” infectious disease, salvation from which, it was believed, required the ingenuity of our best microbiologists and vaccinologists. Though Keshan's is more obscure than polio, the lesson is as striking. Named after the province in China where the syndrome had been first identified, Keshan's would strike with a progressive cardiomyopathy that often ended in rampaging deadly heart failure and fatal cardiac conduction defects. It could afflict children, young adults, old men and women, and no one seemed immune.

During the 1960s, before China had opened to the world, the disease became so significant a problem that the government invited Western researchers to help find Keshan's cause and cure. Subsequently, these smart scientists honed in on a new and particularly virulent strain of Coxsackie virus that appeared to be the definitive culprit.

In the years that followed and with the “cause” known, the “race for the cure,” went into full swing. However, some bright epidemiologists looking at the incidence province by province noted that Keshan's was only to be found in epidemic proportions in certain areas, leaving others, sometimes adjacent to the danger zones, free of the disease. Since the affected provinces were not necessarily geographically isolated from the Keshan-free regions (by mountain ranges for example) physical separation seemed not to be an issue. Further, since the Chinese are a relatively genetically homogeneous population, bizarre DNA defects were not thought to be a fault.

Surprisingly, since conventional researchers usually discount environmental causation, some of the scientists began studying the soil in the high-incidence and low-incidence regions, looking for an ecological solution. To their astonishment, in every high-incidence area they studied the soils were significantly deficient in the trace mineral selenium, needed for the generation and regeneration of glutathione so critical in modulating free-radical reactions. In areas of low incidence, the soils were selenium replete. Apparently, only in the context of selenium deficiency did the normally well-behaved and only mildly virulent Coxsackie virus mutate into a highly aggressive, cardiac-toxic organism.

When the simple solution of selenium supplementation was enforced in endemic areas, the disease has become for China a rarity, largely a non-issue—as long as the population in vulnerable areas “takes their vitamins,” or in this case, takes their minerals.

Here is a case of an “infectious disease” with an incidence and fatality rate in affected provinces higher than polio ever was in the U.S. At the height of its reign, Keshan's was a very disabling, very deadly disease. And of course the same expert forces mobilized, as they do, to create the ideal Coxsackie virus vaccine to end this modern-day plague. But as it turned out, all the Chinese needed was more selenium.

THE HIGHLY VACCINATED GENERATION

Most of us, that is, most “alternative” practitioners, have a vague belief that it is the “terrain” that determines the nature and severity of infec-

With improved sanitation fewer children were exposed to the disease, more adults were, and the results in adults were disastrous.

I see so many patients in their twenties and thirties, the first of the highly vaccinated generation, coming to my office unable to function.

tion. With Keshan's we have an ideal laboratory for this hypothesis, in which a deficiency in a single nutrient, in this case selenium, could cause a simple commonplace virus, Coxsackie, to mutate into a very effective killer.

Polio is, in my opinion, somewhat more complicated. Dubos did believe that the underlying nutritional status of individuals often would determine the nature of the infection, whether it be mild or deadly. But here, too, additional ecological forces are so important, with exposure at the right age in the right way in the right circumstance provoking only mild disease, with the added benefit of lifelong immunity.

In my own case, I consider myself fortunate that I contracted and endured the usual childhood illnesses, including measles, mumps, and chicken pox, even a minor brush with Epstein-Barr. For me, and for all my school friends, these diseases were hardly anything worth remembering, merely leaving us somewhat disabled for a few days, with much-appreciated time off from school and a certain amount of parental pampering. No one I knew was left with encephalomyelopathy, nor any other serious neurological deficit as a result of their experiences with any of these viruses. I do believe these illnesses served a valuable function, testing my immune system, letting it flex its muscles, teaching it how to work against a mild infection so that someday it might effectively deal with a more serious organism.

I see so many patients in their twenties and thirties, the first of the highly vaccinated generation, coming to my office unable to function, having been exposed to some viral illness like Epstein-Barr, or the *Borrelia* spirochete, or some associated "coinfection." Five, ten and fifteen years later despite aggressive treatments of all types, both alternative and conventional, they are unable to function, finish school, hold a job, or even unable to leave their rooms (except initially to see me). These are young adults with immature immune systems, whose immune cells either underperform, don't perform at all, or that overreact, with immune regulation gone haywire. We can get these patients well, fortunately, but they often have endured quite a bit suffering for long periods of time. And these aren't the kids with autism, these are young people with promising futures ahead of them, sidelined and sidetracked

by some trivial little virus.

When we think about the child paralyzed by polio or the poor debilitated diphtheria-infected Asian children, we need to step back for a moment and realize Nature is not the enemy. As Dubos made clear fifty years ago it is what we do as individuals, as cultures, and as governments that transforms a tolerable, manageable problem into something worse, and this includes force-feeding vaccination. When these discussions begin, just remember the negative blowback from those "improved" public health measures in urban areas that made polio a much worse disease than it had been. Those measures left in their wake death and disability.

Speaking scientifically, it appears that no polio vaccine was really needed any more than one was needed for Keshan's. Instead, we should have let kids be kids, playing in the mud, letting their immune systems grow and mature as Nature intended, without interference by well-intentioned yet completely misguided science.



Nicholas Gonzales, MD, received his medical degree from Cornell University Medical College in 1983. During a postgraduate immunology fellowship under Dr. Robert A. Good, considered the father of modern immunology, he completed a research study evaluating an aggressive nutritional therapy in the treatment of advanced cancer. Since 1987, Dr. Gonzalez has been in private practice in New York City, treating patients diagnosed with cancer and other serious degenerative illnesses.

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Adjuvants in Vaccines

The Toxic Ingredients in Innoculations

by Megan Pond

Most people who vaccinate their children do not realize the kind of ingredients contained in vaccines—and even if they do know, they may not fully understand what that particular ingredient does or what it means. This article is written to help those individuals better understand what they are injecting into the bodies of their loved ones.

What prompted me to put this list together was the staggering number of people reporting adverse reactions to vaccines. I wanted to know why so many children experience many of the same reactions. What I found was that many of the adverse reactions fit into many of the side effects of many ingredients contained in vaccines. Please educate before you vaccinate! Don't wait for something bad to happen before you begin researching vaccines.

INGREDIENTS OF COMMON VACCINES

DTaP (Infanrix) (Diphtheria, Tetanus, Pertussis)	Aluminum Hydroxide, Bovine Extract, Formaldehyde or Formalin, Glutaraldehyde, 2-Phenoxyethanol, Polysorbate 80
DTaP (Tripedia)	Aluminum Potassium Sulfate, Ammonium Sulfate, Bovine Extract, Formaldehyde or Formalin, Gelatin, Polysorbate 80, Sodium Phosphate
DTaP/Hib (TriHIBit)	Aluminum Potassium Sulfate, Ammonium Sulfate, Bovine Extract, Formaldehyde or Formalin, Gelatin, Polysorbate 80, Sucrose
DTaP-IPV (Kinrix)	Aluminum Hydroxide, Bovine Extract, Formaldehyde, Lactalbumin Hydrolysate, Monkey Kidney Tissue, Neomycin Sulfate, Polymyxin B, Polysorbate 80
DTaP-HepB-IPV (Pediatrix) (DTaP, Hep B and Polio)	Aluminum Hydroxide, Aluminum Phosphate, Bovine Protein, Lactalbumin Hydrolysate, Formaldehyde or Formalin, Glutaraldehyde, Monkey Kidney Tissue, Neomycin, 2-Phenoxyethanol, Polymyxin B, Polysorbate 80, Yeast Protein
DtaP-IPV/Hib (Pentacel) (DTaP, HIB and Polio)	Aluminum Phosphate, Bovine Serum Albumin, Formaldehyde, Glutaraldehyde, MRC-5 DNA and Cellular Protein, Neomycin, Polymyxin B Sulfate, Polysorbate 80, 2-Phenoxyethanol
Hib/Hep B (Comvax)	Amino Acids, Aluminum Hydroxyphosphate Sulfate, Dextrose, Formaldehyde or Formalin, Mineral Salts, Sodium Borate, Soy Peptone, Yeast Protein
Human Papillomavirus (HPV) (Cervex)	3-O-desacyl-4'-monophosphoryl lipid A (MPL), Aluminum Hydroxide, Amino Acids, Insect Cell Protein, Mineral Salts, Sodium Dihydrogen Phosphate Dihydrate, Vitamins
Human Papillomavirus (HPV) (Gardasil)	Amino Acids, Amorphous Aluminum Hydroxyphosphate Sulfate, Carbohydrates, L-histidine, Mineral Salts, Polysorbate 80, Sodium Borate, Vitamins
Influenza (Flulaval)	Egg Albumin (Ovalbumin), Egg Protein, Formaldehyde or Formalin, Sodium Deoxycholate, Phosphate Buffers, Thimerosal
Influenza (Fluvirin)	Beta-Propiolactone, Egg Protein, Neomycin, Polymyxin B, Polyoxyethylene 9-10 Nonyl Phenol (Triton N-101, Octoxynol 9), Thimerosal (multidose containers)
MMR (MMR-II)	Amino Acid, Bovine Albumin or Serum, Chick Embryo Fibroblasts, Human Serum Albumin, Gelatin, Glutamate, Neomycin, Phosphate Buffers, Sorbitol, Sucrose, Vitamins
MMRV (ProQuad)	Bovine Albumin or Serum, Gelatin, Human Serum Albumin, Monosodium L-glutamate, MRC-5 Cellular Protein, Neomycin, Sodium Phosphate Dibasic, Sodium Bicarbonate, Sorbitol, Sucrose, Potassium Phosphate Monobasic, Potassium Chloride, Potassium
Rotavirus (RotaTeq)	Cell Culture Media, Fetal Bovine Serum, Sodium Citrate, Sodium Phosphate Monobasic Monohydrate, Sodium Hydroxide Sucrose, Polysorbate 80
Rotavirus (Rotarix)	Amino Acids, Calcium Carbonate, Calcium Chloride, D-glucose, Dextran, Ferric (III) Nitrate, L-cystine, L-tyrosine, Magnesium Sulfate, Phenol Red, Potassium Chloride, Sodium Hydrogenocarbonate, Sodium Phosphate, Sodium L-glutamine, Sodium Pyruvate, Sorbitol, Sucrose, Vitamins, Xanthan
Tdap (Adacel) (Diphtheria, Tetanus, Pertussis)	Aluminum Phosphate, Formaldehyde or Formalin, Glutaraldehyde, 2-Phenoxyethanol
Tdap (Boostrix)	Aluminum Hydroxide, Bovine Extract, Formaldehyde or Formalin, Glutaraldehyde, Polysorbate 80
Varicella (Varivax) (Chicken Pox)	Bovine Albumin or Serum, Ethylenediamine-Tetraacetic Acid Sodium (EDTA), Gelatin, Monosodium L-Glutamate, MRC-5 DNA and Cellular Protein, Neomycin, Potassium Chloride, Potassium Phosphate Monobasic, Sodium Phosphate Monobasic, Sucrose

SOURCE: vaxtruth.org/wordpress/wp-content/uploads/2011/08/cdc-vaccine-ingredients.pdf

This list gives an indication of the ingredients in common vaccines designed for children and young adults. Let's have a close look at some of the most common ones.

ALUMINUM

Aluminum is put into vaccines as an adjuvant to help them “work better” or to “enhance” them. Aluminum is present in food, air, water, and soil and is said to be harmless when swallowed because the body doesn't absorb it well. But aluminum put directly into the blood stream is another matter.

So what is the concern about injecting aluminum into the blood stream? We have a very good idea because of medical experience giving parenteral nutrition, the intravenous administration of nutrients, especially to people getting dialysis for kidney disease.

According to the FDA: “Aluminum may reach toxic levels with prolonged parenteral feeding . . . Research indicates that patients with impaired kidney function, including premature neonates [babies], who received parenteral levels of aluminum at greater than 4 to 5 micrograms per kilogram of body weight per day, accumulate aluminum at levels associated with central nervous system and bone toxicity. Tissue loading may occur at even lower rates of administration.”¹

Also, according to government documents, “Aluminum content in parenteral drug products could result in a toxic accumulation of aluminum in individuals receiving TPN therapy. Research indicates that neonates and patient populations with impaired kidney function may be at high risk of exposure to unsafe amounts of aluminum. Studies show that aluminum may accumulate in the bone, urine, and plasma of infants receiv-

ing TPN. Many drug products used in parenteral therapy may contain levels of aluminum sufficiently high to cause clinical manifestations . . . parenteral aluminum bypasses the protective mechanism of the GI tract and aluminum circulates and is deposited in human tissues. Aluminum toxicity is difficult to identify in infants because few reliable techniques are available to evaluate bone metabolism in . . . infants . . . Although aluminum toxicity is not commonly detected clinically, it can be serious in selected patient populations, such as neonates, and may be more common than is recognized.”²

From these documents we learn that if a premature baby receives more than 10 mcg per day of aluminum in an IV, it can accumulate in their bones and brain, and can be toxic.

The FDA maximum requirements for aluminum received in an IV is 25 mcg per day. The suggested aluminum per kilogram of weight to give to a person is up to 5 mcg. Thus, a baby weighing five pounds should get no more than 11 mcg of aluminum.

Anything that has more than 25 mcg of aluminum per dose requires a label that says: “WARNING: This product contains aluminum that may be toxic. Aluminum may reach toxic levels with prolonged parenteral administration if kidney function is impaired. Premature neonates are particularly at risk because their kidneys are immature, and they require large amounts of calcium and phosphate solutions, which contain aluminum.”³

There is no requirement for vaccines to carry this label and also no requirement to limit the maximum dosage to 25 mcg. As you can see in the chart below, all vaccines exceed the maximum allowable aluminum per day for babies, toddlers and children. At birth, most children are given the hepatitis B vaccination. The amount of aluminum in the hepatitis B vaccine alone is almost fourteen times the amount of aluminum that is FDA-approved for an eight-pound baby.

At well-baby check-ups, it's common for two-month, four-month, and six-month appointments to include up to eight vaccinations, which add up to more than 1,000 mcg of aluminum! This amount isn't even safe for a three-hundred-fifty-pound adult. And many children get up to eight vaccinations per visit several times a year! By eighteen months, fully vaccinated babies have received almost 5000 mcg (5 grams or one teaspoon) of highly neurotoxic aluminum into the bloodstream.

The counter argument is that in parenteral feeding, all the aluminum

MAXIMUM ALLOWABLE ALUMINUM PER DAY FOR INTRAVENOUS PARENTERAL FEEDING

8-pound, healthy baby	18.16 mcg
15-pound, healthy baby	34.05 mcg
30-pound, healthy toddler	68.1 mcg
50-pound, healthy child	113 mcg
150-pound adult	340.5 mcg
350-pound adult	794.5 mcg

ALUMINUM CONTENT OF VACCINES GIVEN TO CHILDREN, PER SHOT

Hib (PedVaxHib brand only)	225 mcg
Hepatitis B	250 mcg
DTaP	170 to 625 mcg
Pneumococcus	125 mcg
Hepatitis A	250 mcg
HPV	225 mcg
Pentacel	30 mcg
Pediarix	850 mcg

The amount of aluminum in the hepatitis B vaccine alone is almost fourteen times the amount of aluminum that is FDA-approved for an eight-pound baby.

goes instantaneously into the circulation, while in vaccines only a portion goes into the circulatory system. Still, it is reasonable to question the safety of aluminum doses that are many times higher than those considered safe for parenteral feeding.

According to the FDA and the AAP (American Academy of Pediatrics), at more than the maximum required dose, aluminum builds up in the bones and brain and can be toxic. Aluminum can cause neurological harm, including cognitive impairment in healthy adults. Aluminum overdose can be fatal in patients with weak kidneys or kidney disorders or in premature babies. Could this be why the hepatitis B shot, given to infants at birth, has been linked to sudden infant death syndrome (SIDS)?⁴

AMINO ACIDS AND PROTEINS INCLUDING ALBUMIN

What are amino acids? They are the building blocks of proteins, and they make up over three-quarters of the human body. So injecting amino acids into the body by way of vaccination is good, yes? Wrong.

Vaccines contain antigens, that is, a toxin or other foreign substance that induces an immune response in the body, especially the production of antibodies. Antigens are made from foreign proteins. These foreign proteins are produced from animals (like cows, monkeys and chickens) and also humans (human cells from aborted fetuses, usually called diploid cells).

In order to benefit the body, foreign proteins from food such as meat, eggs or fish, require digestion in the gastrointestinal tract, where they are broken down into amino acids. If a foreign animal protein makes it into our bloodstream without this breakdown, as in people with leaky gut syndrome, the body may have an autoimmune response. By injecting things never meant to be in the bloodstream, we are not only bypassing our natural defenses but wrongly activating other defenses.

What happens when we inject amino acids and foreign animal and human protein into the body instead of first digesting the proteins to make amino acids naturally? We get autoimmune disorders like Addison's disease, celiac disease-sprue (gluten-sensitive enteropathy),

dermatomyositis, Graves' disease, Hashimoto's thyroiditis, multiple sclerosis, myasthenia gravis, pernicious anemia, reactive arthritis, rheumatoid arthritis, Sjogren's syndrome, systemic lupus erythematosus and type I diabetes.

Also, many people have food allergies or food sensitivities associated with the proteins in eggs, wheat and milk, ingredients sometimes found in vaccines.

FORMALDEHYDE OR FORMALIN

I personally became aware of what formaldehyde is most commonly used for through our local mortician several years ago. After my son died, we met with the funeral directors to begin planning our son's funeral. During our grief-ridden conversations, we came to the conclusion that we needed to wait a week to have the funeral. My father-in-law had graciously offered to make his casket from scratch, and that takes time. Knowing the time constraints from death to burial (or at least what I thought I knew), I thought this might be an issue. The funeral director (also the head mortician) assured us it would not be a problem because the formalin used in the embalming process would preserve his precious little body so that we wouldn't need to worry about waiting a week. "What's formalin?" I asked. "Formaldehyde," he answered. Formalin is an aqueous, or watery, form of formaldehyde. When I learned that formaldehyde or formalin were ingredients in vaccines, I felt sick to my stomach.

Formaldehyde is toxic and is known to cause cancer. The International Agency for Research on Cancer (IARC) classifies formaldehyde as a human carcinogen.⁵

In 2011, the National Toxicology Program, an interagency program of the Department of Health and Human Services, named formaldehyde as a known human carcinogen.⁶ In addition, 10-20 percent of the general population may be susceptible to formaldehyde allergies and may react acutely at any exposure level.

Formaldehyde is oxidized to formic acid which leads to acidosis and nerve damage. Acidosis can be described as a condition in which the acidity of the body tissues and fluids is abnormally high. The liver and the kidneys may also be damaged.

BENZETHONIUM CHLORIDE

Benzethonium chloride (BC) is an antimicrobial agent used as a preservative in some vaccines. I have not found any evidence that BC has been tested on humans. However, the MSDS (Material Safety Data Sheet) under section 11 indicates that BC is toxic when inhaled or ingested and is also hazardous to human skin. Based on animal testing, it may cause mutations in genetic information and also cause cancer.

According to the MSDS, the side effects of ingesting BC include seizures, coma, respiratory depression, central nervous system depression, convulsions, and urinary system reaction.

Raise your hand if you agree BC should be tested more thoroughly. After all, we are injecting our children with this.

GLUTARALDEHYDE

Glutaraldehyde is an organic compound that is used to disinfect medical and dental equipment. In vaccines it serves as a chemical preservative. Studies show that exposure to glutaraldehyde can cause asthma, allergic reactions, induced respiratory issues and diarrhea.⁷

HUMAN-DERIVED PROTEINS

Now let's look at MRC-5, DNA and human serum albumin, all of which derive from either human tissue or human blood.

In 1964, during an outbreak of rubella, some doctors urged women who had been exposed to

the rubella virus to abort their pregnancy.⁸ Most people, especially children, don't show any symptoms of rubella, while some may get a rash all over their body. Rubella becomes dangerous when a pregnant woman is exposed to the virus because it has the potential to cause severe abnormalities in the child. From one of these aborted children that had been exposed to rubella virus, doctors developed a virus strain known as RA/27/3: Rubella; Abortus; twenty-seventh aborted fetus; third tissue explant. In other words, it took twenty-six aborted infants to get the right strain. The virus was then cultivated on the lung tissue of another aborted child, and this child became known as WI-38—Wister Institute 38. WI-38 was an infant girl at three months gestation. Ironically, the Japanese, years before the first aborted infant was used to extract the rubella virus, proved that the virus can be taken from a living child simply by swabbing his throat.

In the 1970s, a second human cell line was created from an infant boy at fourteen weeks gestation and became known as MRC-5.

WI-38 and MRC-5 are the most widely used cell lines to make vaccinations. Labs currently use these two cell lines, as well as new sources (that is, new aborted infants) to create new vaccines.

The use of tissue from aborted infants has caused heated debate because it is ethically questionable. Pro-life groups, which include many churches and parents whose morals condemn profiting from aborted infants, continue to fight the pharmaceutical companies to produce vaccines that do not contain this tissue, which we know is possible. Vaccines can be made from other sources.

Vaccines also contain DNA, which is harvested from aborted infants. As adjuvants in vaccines, one hundred million bits and strands of human DNA are allowed per dose.

When our cells die, they go through a process called apoptosis, which breaks down the DNA in the cell so that it is not released into the bloodstream. But vaccines *do* put DNA into the bloodstream, with unknown effects.

Human serum albumin is a stabilizing protein made from human

SIDE EFFECTS OF FORMALDEHYDE EXPOSURE

alteration of tissue proteins	death	gastritis
anemia	depression	gastrointestinal inflammation
apathy	destruction of red blood cells	headaches
asthma	diarrhea	hyperactivity
blood in urine	difficulty concentrating	hypomenstrual syndrome
body aches	disorientation	immune system sensitizer
cardiac impairment, palpitations and arrhythmias	dizziness	impaired (short) attention span
central nervous system depression	ear aches	inability to recall words and names
changes in higher cognitive functions	eczema	inconsistent IQ profiles
chest pains and tightness	emotional upsets	irritability
colds	fatigue	jaundice
coma	fetal asphyxiation	retarded speech pattern
constipation	flu-like or cold-like illness	schizophrenic-type symptoms
convulsions	formation of antibodies urinary tract infection	sensitivity to sound

So even a thimerosal-free vaccine contains 300 ppb, more than the amount considered toxic in liquid waste.

blood donated by screened donors. We already discussed above why injecting a protein directly into the body is dangerous.

We have human DNA, human cell lines from aborted infants and protein from human blood in twenty-three commonly used vaccines. When we need a blood transfusion, or a blood donation of some kind, what is absolutely required? A match, correct? For example, if a person with type O blood receives type A+ blood, the outcome is fatal. There are rules of science that cannot be crossed regarding DNA and blood. It is imperative to be tested when receiving any type of tissue or blood to ensure that a fatal blood or tissue type isn't put into your body.

So we are justified in asking, how many of you or your children were given a blood test before receiving vaccinations? We all know the answer to that. It doesn't happen. The outcome of mixing and not matching human blood and tissue can be disastrous. Remember that every one of those three ingredients contains human DNA. Even after the protein is extracted from human blood, DNA remains.

When vaccine makers took most thimerosal out of most vaccines (with the exception of flu shots, which still widely contain thimerosal), they began making some vaccines using human tissue. A study by Dr. Helen Ratajczak found that the increase in autism corresponds to the introduction of human DNA to the MMR vaccine. Ratajczak also notes that an additional increased spike in autism occurred in 1995 with the advent of growing chicken pox virus in human fetal tissue.⁹

THIMEROSAL

Thimerosal is a preservative containing approximately 50 percent mercury. Mercury is the second most poisonous element known to man (next to uranium and its derivatives). When someone says, "Mercury!" we immediately think of the news stories about the child at school who broke a thermometer in biology class and the hazmat team was called in. All the students were in peril. Hazmat teams are called in for less mercury than the amount contained in one vaccine!¹⁰

Thimerosal prevents bacteria growth in multi-use vaccines. It was removed from many

vaccines in 2004—at which time more vaccines containing aluminum were added to the schedule, while mercury-laden flu vaccines were then recommended for infants, and two years later for pregnant women, Mercury is also used in the vaccine creation process and then through a purification procedure it is "removed;" however, in some vaccines, "trace" amounts are left.

So how much does "trace" mean? The numbers below put this into perspective:

- 2 ppb mercury is the mandated limit in drinking water;
- 200 ppb mercury in liquid waste renders it a toxic hazard;
- 2,000 ppb mercury in flu vaccines labeled "trace" amount;
- 50,000 ppb mercury in multi-dose flu vaccines given to infants, pregnant women and everyone else.

So even a thimerosal-free vaccine that contains a "trace" amount of mercury contains 2,000 ppb, an order of magnitude more than the amount considered toxic in liquid waste.

Mercury is toxic to the nervous system. Please watch the video called "How Mercury Causes Brain-Neuron Degeneration" from the University of Calgary.¹¹ Mercury not only stunts neurological growth, it actually reverses it, or destroys it.

YEAST EXTRACT AND MSG

Yeast extract is a common name used for various forms of processed yeast. Many people have yeast allergies, and vaccines can induce an anaphylactic response due to the yeast. Moreover, *all* yeast extract contains MSG.

Many people have either an allergy or a sensitivity to MSG. Conditions caused by MSG include migraine headaches, sleeping disorders, irritable bowel syndrome, asthma, diabetes, Alzheimer's disease, Lou Gehrig's disease, attention deficit disorder, seizures, stroke and anaphylactic reaction.

Even when a vaccine does not contain yeast extract, it will probably still contain MSG or glutamic acid, because the nutrient base on which vaccines are grown can contain up to 10 percent glutamic acid.

EGG PROTEIN

We have already discussed why injecting protein directly into the bloodstream is harmful. Aside from that, individuals allergic to eggs can have a serious reaction to vaccines that contain egg protein. What's interesting is that many parents don't know that vaccines contain egg products, and doctors virtually never reveal that information, even when they know that vaccines contain egg products. When a child with an egg allergy has a reaction to a vaccine, doctors often deny even the possibility that the vaccine caused the reaction.

CETYLTRIMETHYLAMMONIUM BROMIDE (CTMB)

Cetyltrimethylammonium bromide is a cationic surfactant. It's used for many things, including as a buffer solution for extracting DNA. According to its Material Safety Data Sheet (MSDS) we find out that CTMB is labeled as "hazardous." It is a skin irritant, a serious eye irritant, hazardous if inhaled and harmful if swallowed. It may cause respiratory irritation, and it is dangerous to the environment, particularly to aquatic life.

In almost all cases of any kind of contact with CTMB, the MSDS advises contacting a medical professional. It warns that CTMB should never touch any part of the human body—yet vaccine manufacturers are allowed to include it in vaccines.

Under Section 8, Exposure Controls/personal protection, the MSDS advises to keep CTMB away from foodstuffs, beverages and feed, to remove all soiled and contaminated clothing immediately, to wash hands before breaks and at the end of work, and to avoid contact with the

eyes and skin.

This sounds like some pretty serious stuff, and millions of children and adults are getting this injected into their bodies.

In the "general information" for CTMB, the MSDS explains that "Symptoms of poisoning may even occur after several hours" and the patient should be observed for up to forty-eight hours after coming into contact with it.

How many children have a reaction to a vaccine that isn't immediate or even on the first day? Thousands. And yet if the reaction isn't immediate, medical professionals are even quicker to dismiss the possibility of a vaccine reaction.

2-PHENOXYETHANOL

2-phenoxyethanol is used as an antibacterial agent in vaccines. According to the MSDS (Material Safety Data Sheet), we find that it is toxic if swallowed, inhaled or absorbed through the skin. It is a severe skin and eye irritant, and it may cause reproductive defects.¹²

According to the EPA data sheets, it has been shown to cause chromosomal changes and genetic mutations in tests, as well as testicular atrophy and interference with reproductivity in mice.¹³

The known side effects of 2-phenoxyethanol exposure are headache, shock, convulsions, weakness, kidney damage, cardiac failure, kidney failure and death.

POLYSORBATE 80

Polysorbate 80 (brand names include Alkest, Canarcel and Tween) is a nonionic surfactant, a compound that lowers the surface tension between two liquids or between a liquid and a solid. Surfactants may act as detergents, wetting agents, emulsifiers, foaming agents and dispersants. In vaccines, polysorbate 80 helps disperse all the ingredients—including aluminum and mercury—evenly in the liquid.

They key danger of polysorbate 80 is that it assists in the delivery of compounds—including mercury and aluminum—across the blood-brain barrier (BBB). The blood-brain barrier is weak and easily trespassed during the first two or three years of life and often during the senior years. In other age groups the BBB normally restricts passage of substances from the bloodstream. But an article by pediatrician Dr. Lawrence Palevsky suggests that, even for the latter, polysorbate 80 in vaccines may allow

LIVE VIRUS VACCINES

Vaccines are made using several different processes. They may contain live viruses that have been attenuated (weakened or altered); inactivated or killed organisms or viruses; inactivated toxins (for bacterial diseases where toxins generated by the bacteria, and not the bacteria themselves, cause illness); or merely segments of the pathogen (this includes both subunit and conjugate vaccines). People getting live virus vaccines can and do spread the disease for up to several weeks after receiving the inoculant. Live virus vaccines include:

- Influenza (nasal spray)
- Measles, mumps, rubella (MMR combined vaccine)
- Rotavirus
- Varicella (chickenpox)

other vaccine ingredients to enter the brain.¹⁴

When used as a vaccine emulsifier, numerous studies confirm that polysorbate 80 can increase cell permeability, damage and bursting. Furthermore, after injection it can quickly break down into sorbitol and ethylene oxide. The sorbitol may increase the risk of diabetes as well as cell death, mitochondrial failure and DNA fragmentation. The Hazardous Substances Data Bank of the U.S. National Library of Medicine warns that sorbitol “is not to be injected.”

Injected polysorbate 80 has also been shown to abruptly change heart function. A statement about a drug used to treat anemia related to chronic kidney disease and chemotherapy warns: “Clinical studies have shown darbepoetin alfa (polysorbate 80) to increase the risk of serious side effects (eg, blood clots, stroke, heart attack, heart failure) and death in some cases. It has also been shown to shorten overall survival and/or increase the risk of tumor growth or recurrence in patients with certain types of cancer.”¹⁵

Another problem is that polysorbate 80 can cause hypersensitivity reactions and anaphylaxis. And it is particularly risky in infants. Furthermore, its risk is increased when polymyxin B, another vaccine ingredient, is present.

An article by Joseph Mercola, DO suggests it might cause infertility too.¹⁶ He informs us about “a Slovakian study published in the journal *Food and Chemical Toxicology* in 1993.” The researchers injected female rats with Tween 80 (in 1, 5 or 10 percent aqueous solution), on days four through seven after birth. They discovered that Tween 80 accelerated the rats’ maturation, prolonged the estrous cycle, decreased the weight of the uterus and ovaries, and caused damage to the lining of the uterus indicative of chronic estrogenic stimulation. The rats’ ovaries were also damaged, with degenerative follicles and no corpora lutea (a mass of progesterone-secreting endocrine tissue that forms immediately after ovulation). Such severe deformities to the ovary can lead to infertility.”

Vaccines containing polysorbate 80 include DTaP, Rotavirus and Gardasil.

BIOCHEMICAL WARFARE

Given the many toxic ingredients in vaccines, there is no other way to describe the modern practice of vaccination but as biochemical warfare. No wonder we are seeing so many terrible reactions to inoculations. Parents really only have one choice if they want to protect their children: don't vaccinate.

This article first appeared at vaxtruth.org/2011/08/vaccine-ingredients/.

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SHOPPING GUIDE UPDATE

New phone number for
Rigoni di Asiago
(305) 470-7583

***Parens Patriae* and Mandatory Vaccinations**

What You Can Do to Protect Your Children

from Parents Against Mandatory Vaccines

As parents work to oppose laws requiring mandatory vaccination, and take whatever steps necessary to protect their children from myriad toxins injected into the bloodstream, many have wondered why there is not more relief from the courts. After all, isn't forced vaccination unconstitutional, and refusal to vaccinate a fundamental religious right?

Most parents assume that their children belong to them and that they have a moral obligation to bring them up according to their own beliefs and standards. However, the Centers for Disease Control (CDC) has informed its employees that this is not the case. Citing chapter 13 of their own guidance documents, entitled "Vaccination Mandates: The Public Health Imperative and Individual Rights," by Kevin M. Malone and Alan R. Hinman, CDC, describe the key court cases that have removed these rights from parents, as well as a little-known doctrine called *parens patriae*.

According to the CDC, court decisions not only allow states to require vaccinations, but give them police powers to enforce them.

Anyone concerned about mandatory vaccination should read this document, posted at cdc.gov/vaccines/imz-managers/guides-pubs/downloads/vacc_mandates_chptr13.pdf. The underlying premise is the germ theory of disease, with no acknowledgment of the role that sanitation and good nutrition play in protecting us from illness. Public health authorities seem unable to question the notion that only vaccinations can protect us against disease.

POLICE POWER

According to the CDC, court decisions not only allow states to require vaccinations, but give them police powers to enforce them. On page 271 of the aforementioned document we read: “The first state law mandating vaccination was enacted in Massachusetts in 1809; in 1855, Massachusetts became the first state to enact a school vaccination requirement. The constitutional basis of vaccination requirements rests in the police power of the state. Nearly one hundred years ago, the U.S. Supreme Court issued its landmark ruling in *Jacobson v. Massachusetts*, upholding the right of states to compel vaccination. The Court held that a health regulation requiring smallpox vaccination was a reasonable exercise of the state's police power that did not violate the liberty rights of individuals under the Fourteenth Amendment to the U.S. Constitution. The police power is the authority reserved to the states by the Constitution and embraces 'such reasonable regulations established directly by legislative enactment as will protect the public health and the public safety' (197 U.S. at 25, 25 S.Ct at 361).

“In *Jacobson*, the commonwealth of Massachusetts had enacted a statute that authorized local boards of health to require vaccination. *Jacobson* challenged his conviction for refusal to be vaccinated against smallpox as required by regulations of the Cambridge Board of Health. While acknowledging the potential for vaccines to cause adverse events and the inability to determine with absolute certainty whether a particular person can be safely vaccinated, the Court specifically rejected the idea of an exemption based on personal choice. To do otherwise 'would practically strip the legislative department of its function to [in its considered judgment] care for the public health and the public safety when

endangered by epidemics of disease' (197 U.S. at 37, 25 S.Ct. at 366). The Court elaborated on the tension between personal freedom and public health inherent in liberty: 'The liberty secured by the Constitution of the United States to every person within its jurisdiction does not import an absolute right in each person to be, at all times and in all circumstances, wholly freed from restraint. There are manifold restraints to which every person is necessarily subject for the common good. On any other basis organized society could not exist with safety to its members' (197 U.S. at 26, 25 S.Ct. at 361).”

Actually, *Jacobson v. Massachusetts* did not force the vaccine—it allowed the person to pay a fine of five dollars (about one hundred twenty-five dollars in today's money) for refusing. However, CDC and other agencies interpret this legal decision as allowing doctors and public health officials to overlook the terrible side effects of vaccines as necessary for “the greater good.”

SCHOOL VACCINATION LAWS

Regarding vaccination as a requirement for school attendance, the CDC document states on page 272: “The Supreme Court in 1922 addressed the constitutionality of childhood vaccination requirements in *Zucht v. King*. The Court denied a due process Fourteenth Amendment challenge to the constitutionality of city ordinances that excluded children from school attendance for failure to present a certificate of vaccination holding that 'these ordinances confer not arbitrary power, but only that broad discretion required for the protection of the public health' (260 U.S. at 177, 43 S.Ct. at 25).

“More recently, in the face of a measles epidemic in Maricopa County, Arizona, the Arizona Court of Appeals rejected the argument that an individual's right to education would trump the state's need to protect against the spread of infectious disease short of confirmed cases of measles in the particular school. Given the nature of the spread of measles and the lag time in getting laboratory confirmation of cases, the court in *Maricopa County Health Department v. Harmon* was satisfied that it is prudent to take action to combat disease by excluding unvaccinated children from school when there

TEN LITTLE KNOWN FACTS ABOUT THE VACCINATION PROGRAM IN THE UNITED STATES

From parentsagainstmandatoryvaccinesdotnet.wordpress.com/ten-little-known-facts/

1. Vaccine science is “unsettled.”

There are scientific peer-reviewed papers that have exposed the dangers of many vaccines as well as the “herd immunity myth.”¹ And there is documented evidence that the Centers for Disease Control (CDC) has intentionally kept this information from public health workers, physicians, legislators and the general public.^{2,3,4,5}

2. Harvard Study concludes “safe and effective drugs” are a myth.

A 2013 Harvard Study exposed the epidemic of corruption in government institutions by Big Pharma influence and money.⁶

3. Those participating in vaccination program are exempted from liability.

Those manufacturing, ordering or administering vaccines have been granted immunity from liability should their drug cause injury, illness or even death. There is no incentive to insure vaccines are even effective, which they aren't.⁷

4. Patients and parents are never given full disclosure.

Vaccine package inserts are intentionally substituted with a sales pitch created by the CDC and the American Academy of Pediatrics that hides the truth about vaccine benefits and health risks, including seizures, denying parents/patients full disclosure.⁸

5. The CDC vaccination recommendations are not science-based.

Vaccine schedules have been established by the CDC and are promoted by public health departments, the American Academy of Pediatrics and other organizations. CDC vaccine recommendations are not science-based as many of their reports have been altered to hide pertinent and damning information.⁹

6. CDC is a private for-profit corporation “doing business.”

The CDC is not a government health advocacy organization. It is a corporation listed on Dun and Bradstreet and headquartered in the state of Georgia with strong ties to the pharmaceutical industry. Therefore, their recommendations are influenced by the “fiscal” health of their corporation.

7. State public health institutions are private for-profit corporations “doing business.”

Physician or institutional records are frequently reviewed by the state public health department, which is also a for-profit corporation listed on Dun and Bradstreet, and which receives monetary compensation from the CDC to perform this function. Therefore, the state public health department's recommendations and actions are influenced by the “fiscal” health of their own corporation.

8. American Academy of Pediatrics is a private for-profit corporation “doing business.”

The American Academy of Pediatrics and the American Academy of Family Physicians are not health advocacy organizations. They are trade associations-corporations (listed on Dun and Bradstreet) that are headquartered in the state of Illinois and the state of Kansas respectively, whose monetary compensation from the vaccine manufacturers contributes to the “fiscal” health of their corporations.

9. Physicians get more money for each “fully vaccinated” child.

Physicians (who are intentionally misinformed by the CDC and Big Pharma and who cannot be sued for vaccine injuries) are paid higher reimbursement rates for each “fully vaccinated” child.

10. Profits, not science, motivate vaccine mandates.

Legislators for the state have passed corporate statutes mandating certain vaccines for attendance in educational institutions. As the legislators have no medical training and can easily be influenced by drug company lobbyists and or the CDC, Inc, their statutes are not scientifically motivated.¹⁰

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In 1921, the federal Sheppard-Towner Maternity Act was passed creating birth “registration” or what we now know as the “birth certificate.”

is a reasonably perceived, but unconfirmed, risk for the spread of measles (156 Ariz at 166, 750 P.2d at 1369). Although the court considered the right to education under Arizona's constitution, the decision is instructive in showing the reach of police power to ensure the public health. The court in Maricopa specifically noted that *Jacobson* did not require that epidemic conditions exist to compel vaccination.”

Parents can take religious or philosophical exemptions only when a state law allows them to do so. That is why having these laws on the state level is so important for protecting our children from the toxic effects of vaccines.

PARENS PATRIAE

Furthermore, according to the CDC, the government has the authority of *parens patriae*. On page 273 we read: “Further authority to compel vaccination of children comes under the doctrine of *parens patriae* in which the state asserts authority over child welfare. In the 1944 case of *Prince v. Massachusetts*, which involved child labor under an asserted right of religious freedom, the U.S. Supreme Court summarized the doctrine, noting that: 'Neither rights of religion nor rights of parenthood are beyond limitation. Acting to guard the general interest in youth's well-being, the state as *parens patriae* may restrict the parent's control by requiring school attendance, regulating or prohibiting the child's labor, and in many other ways. Its authority is not nullified merely because the parent grounds his claim to control the child's course of conduct on religion or conscience.'

Thus, he cannot claim freedom from compulsory vaccination for the child more than for himself on religious grounds. The right to practice religion freely does not include liberty to expose the community or the child to communicable disease or the latter to ill health or death (321 U.S. at 166–7, 64 S.Ct. at 442).”

The definition of *parens patriae* is as follows: The government, or any other authority, regarded as the legal protector of citizens unable to protect themselves. The principle that political authority carries with it the responsibility for protection of citizens; a doctrine that grants the inherent power and authority of the state to protect persons who are legally unable to act.

So when did the doctrine of *parens patriae* slither its way into our world?

In 1921, the federal Sheppard-Towner Maternity Act was passed creating birth “registration” or what we now know as the “birth certificate.”¹

Until the passage of the act, parents simply recorded the birth of their children in the family Bible. There was resistance (including lawsuits) to this invasion of the federal government into state policies and procedures. One lawsuit argued “Congress cannot make laws for the States, and it cannot delegate to the States the power to make laws for the United States.”

In 1933, bankruptcy was covertly declared by President Roosevelt. The government of the then forty-eight States pledged the “full faith and credit” of their states, including the citizenry, as collateral for loans of credit from the Federal Reserve system.¹

When a child is born, the parents fill out a “certificate of live birth” supplying many details of their lives and heritage. The hospital then sends (or sells?) the certificate to the state which registers the child as a corporation and proceeds to create a birth certificate bond. The name of the baby is converted to all caps. This newly created entity is commonly referred to as a strawman and is placed into a “trust” known as the “Cestui Que Trust.”

The government becomes the Trustee, while the child becomes the beneficiary of his own trust. The child's strawman is the asset of the trust established by the birth certificate which is owned by the state. The government places the child in the hands of the guardians (parents) until such time that the state claims that the parents are no longer caring for its asset to suit the state.

COMPEL TO SUBMIT

Does this sound unbelievable? Read the statement made by Edward Mandell House from the private papers of President Woodrow Wilson: “[Very] soon, every American will be required to register their biological property in a National system [the Birth Certificate] designed to keep track of the people and that will operate under the ancient system of pledging. By such methodology, we can compel people to submit to our agenda, which will affect our security as a charge back for our fiat paper currency.”²

However the state, as a corporation, cannot own a living flesh and blood man, woman or child. It can only own other corporations such as the strawman—the legal construct that it created via the birth certificate. The corporate government of the state is *parens patriae* of your child's birth certificate.

However, while public health employees believe they have the authority to vaccinate and even kidnap your living flesh and blood offspring, it simply isn't true. The only authority they have is over this piece of paper, the birth certificate. Instead of contracting with them or consenting to being the STRAWMAN, you can notify them that you do not wish to contract or consent by giving them a vaccination notice. When government is a corporation, not a king, it is not sovereign. It is merely a legal construct—words on a piece of paper stored in a safe somewhere. And all corporations are bound by the laws of contract!

THE VACCINATION NOTICE

The following is not legal advice. It is merely the sharing of ideas, understandings and suggestions for declining the vaccine requests of physicians, educational institutions and employers.

It is time to place our educated decision—and denial of consent—regarding vaccinations on the record. The creation of a legal notice can accomplish this. The concept of notice is critical to the integrity of legal proceedings. Due process requires that legal action cannot be taken against anyone unless the requirements of notice and an opportunity to be heard are observed.

The vaccination notice also allows you the opportunity to educate those requesting the vaccination—as an enormous system of propaganda regarding vaccines has been in place for a very long time. For the most part those requesting vaccinations believe these toxic concoctions are benign and beneficial (safe and effective). Most vaccination requesters don't know or understand that:

- The public health department, the CDC and the state are all corporations. Basically our entire government is a franchised network of corporations.
- Physicians connected to certain HMOs get

more money for each “fully vaccinated” child in their practice.

- Those manufacturing and administering vaccines have been given an exemption for liability should these concoctions cause injury, illness or even death. This unjustly places the costs (liability) of any injury or loss onto the parent, patient, student or employee—not on the vaccine requester.
- Most vaccine requesters intentionally withhold the vaccine package insert thus denying the parent, patient, student or employee real information about the health risks they are being asked to take. There are even documented cases of parents being jailed for injuries that resulted from childhood vaccines.

The vaccination notice is designed to notify the school that you do not choose to have your son, daughter or self vaccinated with products the manufacturer doesn't stand behind and that you refuse to accept the liability for any vaccine injury or illness that might occur from the vaccinations. It states clearly that if the school wishes to accept the liability you will reconsider your position. They will never accept the liability in writing, you can be sure. No one can force you to have toxic substances injected into you or your child while they remain immune from the damage that might ensue.

You can download the templates and select the one you wish to use—modify it to suit your needs: parentsagainstmandatoryvaccinesdotnet.wordpress.com/vaccination-notice-for-schools-and-colleges/.

Be sure to read the instructions carefully. It is essential to read, understand and agree with the notice before you sign and deliver it.

Delivering the notice requires little discussion. Just hand it to the clerk responsible for the collection of student paperwork. Explain that it is a lawful notice to be placed in your (or your child's) record. Should you be asked where you obtained the notice, simply say from another parent, which is true. Giving more information is not required nor recommended. Citing websites or vaccine aware groups or authors just serves to motivate those in the vaccination-distribution-business to track down and discredit (or worse) the folks that are doing their best to bring good information to the public. The less said the better. Let the notice speak for you.

Should the clerk refuse, politely remind him or her that that decision is not his or hers to make as the notice is for both the “agent” and the “principal.” You may have to remind the employee that neither the clerk nor his or her supervisor can make decisions for the “principal.” Keep a copy of the notice for yourself. Always remain polite, never threatening. Should the school employee refuse to place the notice in the record, write on the vaccination notice “refused by agent (name) on (date)” in the space at the top of the notice. Then take it home and send it certified mail (with return receipt) to the superintendent (or dean of admissions). Include the short explanatory letter given in the link. 

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VACCINATION NOTICE

Notice to agent is notice to principal
Notice to principal is notice to agent

As the parent of Sally Doe, I am prohibited by law from endangering my son or daughter; therefore, I declare the following:
Sally Doe's address is: 2525 Maple Lane, Grove City, Ohio

1) I am aware that those ordering and/or administering vaccines have been granted immunity from liability should my son or daughter suffer from a vaccine caused injury or illness. Since the Supreme Court decision *Bruesewitz v. Wyeth* (Feb 22, 2011), drug companies are under no legal obligation to insure their vaccine products are either safe or effective. The Vaccine Injury Compensation Trust Fund is not an acceptable alternative to me. (Reason listed below - #10)

2) Unless I receive the vaccine manufacturer's package inserts, I have not been given full disclosure regarding any vaccine. CDC or public health vaccine information sheets and/or websites are not acceptable alternatives. (Reasons listed below - #4 & #5)

3) I am aware that vaccine schedules have been established by the CDC and are promoted by public health departments, the American Academy of Pediatrics and other organizations. I do not accept CDC recommendations as science-based. (Reasons listed below - #4 & #6)

4) I do not recognize the CDC as a government health advocacy organization. It is a corporation listed on Dun and Bradstreet and headquartered in the state of Georgia, with strong ties to the pharmaceutical industry. Therefore, their recommendations are influenced by the "fiscal" health of their corporation.

5) I am aware that physician records are reviewed by the Ohio Department of Health, a corporation headquartered in Columbus, OH and listed on Dun and Bradstreet, and which receives monetary compensation from the CDC to perform this function. Therefore, the state public health department's recommendations and actions are influenced by the "fiscal" health of their corporation.

6) I do not recognize the American Academy of Pediatrics nor the American Academy of Family Physicians as health advocacy organizations. They are both corporations (listed on Dun and Bradstreet) that are headquartered in the state of Illinois and the state of Kansas respectively, whose monetary compensation from the vaccine manufacturers contributes to the "fiscal" health of their corporations.

7) I am aware that many physicians are paid higher reimbursement rates for administering vaccines.

8) I am aware that legislators for the corporation known as the state of Ohio, listed on Dun and Bradstreet, vote on statutes and rules for the state of Ohio. These included statutes mandating unsafe pharmaceutical products called vaccines for attendance in education institutions. As the legislators have no medical training and can easily be influenced by drug company lobbyists and/or the CDC, I do not accept their corporate statutory mandates as science-based.

9) I am aware of multiple scientific peer-reviewed papers that have exposed the dangers of many vaccines as well as the "herd immunity myth" of 1933.

10) I am aware that the corporation U.S. Department of Health and Human Services (listed on Dun and Bradstreet and headquartered in Washington, DC) determines claims paid from the Vaccine Injury Compensation Trust Fund via a secret administrative process and also profits from vaccine patents.

11) I have concluded that failure to follow the CDC recommendations about vaccination is less likely to "endanger the health or life of my child or others" than following their recommendations.

As parent or guardian I am prohibited by law to endanger my child. So, for the reasons I have listed and more, I deny permission for anyone to administer the CDC recommended vaccines to my son or daughter unless they provide me with the vaccine package insert, allow me to determine if the health risks are acceptable, and sign a document stating that they personally, not me (and or my spouse) will be responsible for any injury or illness (as defined by the International Medical Council on Vaccination) the vaccine they administer might cause.

NOTE: This document can be used to protect those that administer vaccines (physicians, nurses or others) or are obliged to adhere to corporate statutes from any punitive statutory actions or penalties.

Parent/Guardian: Signature:

Date:

Parent/Guardian: Signature:

Date:

Witness: Signature:

Date:

Witness: Signature:

Date:

Every Last One

How to Force Total Vaccine Compliance by Controlling the Conversation and Eliminating Choice

By Louise Kuo Habakus, MA

We want healthy children. We want a healthy society. But we won't always agree on the road to get there. And that road, paved over with “good intentions,” may nonetheless deliver us to the same unfortunate destination.

This brings us to the topic of vaccination. With almost no exceptions, the trifecta of government, industry, and organized medicine want every child vaccinated. To achieve total compliance, they're controlling the conversation and taking away our rights.

Let's roll up our sleeves and get right down to it. When it comes to vaccines, there are two kinds of people in the world. You're probably thinking pro-vaccine and anti-vaccine, right? It's neat and pat, and there's millions of dollars behind this PR campaign. But this singular narrative—parents versus the science—is a false one, carefully shaped for reasons that have nothing to do with vaccines, public health or children.

What the press failed to communicate, however, is the fact that the overhyped Disneyland measles affair was completely unrelated to school vaccine exemption laws.

So how about those two different kinds of people in the world? A much better way of looking at this is pro- and anti-health freedom. The truth is, when it comes to vaccination—like any other diagnostic, therapeutic, or other medical intervention—it doesn't really matter what I think or do, and what you think or do. What matters is the freedom to choose.

“REFUSERS” ARE PUTTING US ALL AT RISK

Sound familiar? Parents who refuse to vaccinate endanger us all. Here's some of the arguments we are hearing:

- *USA Today*: Jail “anti-vax” parents¹
- Slate Magazine: How to Deal with Anti-Vaxxers. Try to persuade them. And if that fails, give them no choice.²
- Fox News: Dr. Manny: Should Obama make vaccines mandatory for all children?³ “I am calling on the federal government to mandate vaccinations for all children, and to eliminate all of the silly loopholes that are creating chaos in so many communities throughout America.”³
- Reason.com blog: Shame and Shun Anti-Vaccine Parents.⁴
- The Verge: Vaccine Deniers: inside the dumb, dangerous new fad.⁵

These headlines are everywhere. Mainstream media have been on a rampage since the beginning of 2015. Read enough of these stories and you'd feel pretty comfortable concluding that there's a serious public health problem on our hands. Right? Wrong.

AMERICA VACCINATES ITS CHILDREN

The truth is that America vaccinates its children. Using the Centers for Disease Control and Prevention's own data, I would like to impress upon you that “The Vaccine War,” as styled by Frontline,⁶ isn't about vaccines, public health, or even children. The CDC reports that over 99 percent of children are vaccinated, and 90-95 percent are fully vaccinated.

The median exemption rate is 1.8 percent. They will try to tell you this means that 1.8 percent of children are fully unvaccinated.⁷ They

think we don't know how to do math.

With over 99 percent of children vaccinated, it's reasonable to assume that most children receive their core vaccines. State health department records bear this out, as shown by an analysis of Vermont's data.⁸ An exempted child could be fully vaccinated except for a single dose of chickenpox vaccine, or hepatitis B vaccine. State lawmakers looking to blame parents for rising exemption rates should look in the mirror instead. They will find that rising exemptions are tied to the recent, dramatic increase in the number of mandated “non-core” vaccines, including chickenpox, hepatitis B and flu. Parents are doing their own research and concluding that not all diseases and not all vaccines are the same.⁹

BUT WHAT ABOUT DISNEYLAND?

From late 2014 through April 17, 2015, the date by which the California Department of Public Health determined the outbreak had ended, the agency recorded one hundred thirty-six confirmed cases of measles that started in Disneyland in Orange County, California.¹⁰ Shortly after the first cases were reported, mainstream media proceeded to “freak out.”¹¹

What the press failed to communicate, however, is the fact that the overhyped Disneyland measles affair was completely unrelated to school vaccine exemption laws.

- It started at an amusement park, not at a school.
- It originated from an overseas source, not from an exempted child.
- It affected more adults (56 percent) who are not subject to school vaccine laws.
- It never spread into the state of California let alone the entire United States.

In fact, during the past two years, California's coverage rate for measles vaccination has increased—now at 96.2 percent¹²—while its philosophical exemption rate has fallen by 19 percent. Is the CDC trying to tell us that rising vaccine coverage and declining exemptions cause outbreaks? I don't think so.

THEY WANT MORE

These high compliance rates, in the low- to mid-90th percentile, weren't reached until the 1990s. Public health could give itself a gold star for achieving these rates. But they're not satisfied. They want more.

All fifty states have medical exemptions to mandatory vaccination. This is not the issue at hand. Medical exemptions are not a realistic option for most children. For starters, they're almost impossible to get. The CDC's list of accepted medical contraindications to vaccination¹³ is so narrow that a child must be sacrificed, or nearly sacrificed, before a parent learns that the child cannot be vaccinated. The CDC is so clear that most sick and immunocompromised¹⁴ children should be vaccinated that it published "Conditions Commonly Misperceived as Contraindications to Vaccination"¹⁵ lest parents and clinicians falsely assume that the following serious conditions qualify as valid reasons to skip vaccination: fever greater than one hundred five degrees, immunosuppression, seizures, autoimmune disease and nonvaccine allergies. Not even a family history of injury, death, seizures or sudden infant death syndrome following vaccination will qualify a child for a medical exemption. Even a child who has already had a vaccine reaction will have trouble getting an exemption—doctors hate to give them and many refuse outright.

The issue at hand is non-medical or parental vaccine exemptions. According to the National Vaccine Information Center, seventeen states provide for a philosophical exemption, forty-eight states offer a religious exemption, and two states (Mississippi and West Virginia) have no choice at all.¹⁶ This was pre-Disneyland.

And the post-Disneyland response? State legislatures across the country, propelled by industry lobbyists, are moving to eliminate parental vaccine exemptions, or to restrict them so severely that they are effectively eliminated. Since late last year, parental vaccine exemptions are or have been under fire in eighteen states representing well over half of the U.S. population. During the brief window that I was writing this article, Vermont became the first state in the country to remove a philosophical exemption to compulsory vaccination.¹⁷

It's not enough that vaccines are mandatory for day care and school admission, and over 99 percent of children are vaccinated. They want to eliminate the idea that you could have a choice. They want every last one.

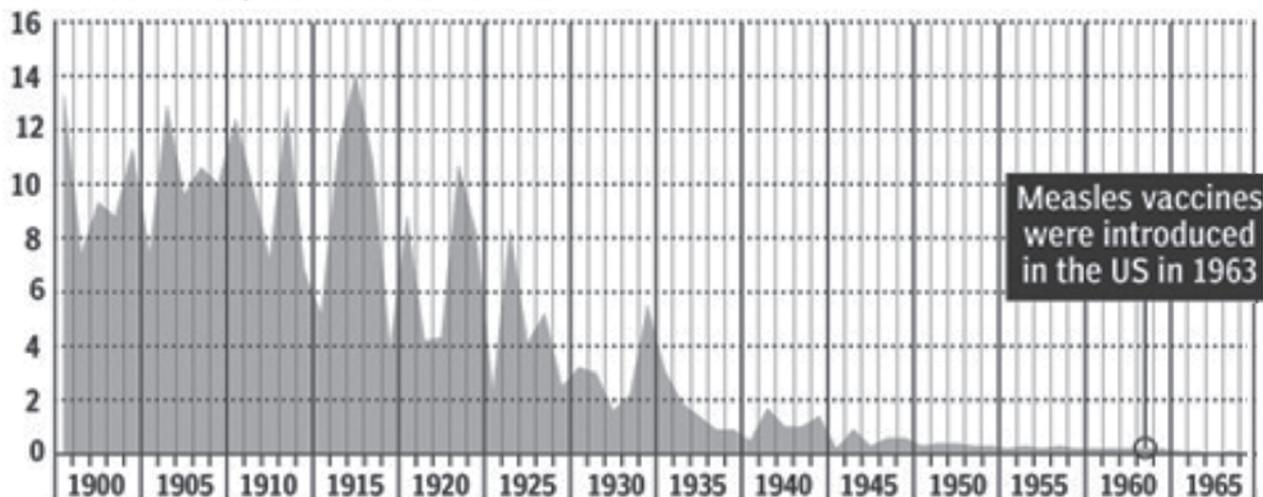
HERE'S WHAT THEY'RE NOT TELLING YOU

Measles is not deadly. The CDC reported no measles deaths from the Disneyland cases and told Fox News that there have been no measles deaths in over ten years.¹⁸ (This CDC report, however, lists two deaths, one each in 2009 and 2010.¹⁹) The World Health Organization states that measles mortality is clinically insignificant.²⁰

The official health journal of the U.S. Public Health Service asserts that measles is benign; we've had a stable relationship with measles for centuries; complications are infrequent; fatality is rare; and after contracting measles, immunity is solid and lifelong.²¹ And for those who have succumbed to the narrative that the measles vaccine has saved millions of U.S. children's lives, take a look at the chart below from the CDC's Department of Vital Statistics.²²

U.S. MEASLES MORTALITY RATES

RATE PER 100,000 POPULATION



SOURCE: VITAL STATISTICS RATES IN THE UNITED STATES ANDREW BARR/NATIONAL

The inconvenient truth? Americans had stopped dying of measles many decades before the measles vaccine was invented.

There's an untold story about measles that has been suppressed because it doesn't fit today's PR-engineered tale of vaccine triumphalism. The inconvenient truth? Measles deaths in America had declined by over 98 percent and in England by almost 100 percent by the time the measles vaccine was first used. And this huge decline in mortality before a vaccine is brought into use is true of almost every infectious disease for which there is a vaccine on the childhood and adult schedules. In fact, many infectious diseases such as scarlet fever declined to zero mortality without any widespread use of a vaccine.

That's not to say that people aren't dying of infections in the U.S. They are— to the tune of one hundred thousand per year. They're dying of healthcare-associated infections in hospitals.²⁴ Many of our hospitals have woefully subpar hygiene and infection prevention practices. Procedures such as meticulous hand hygiene and cleaning of equipment and rooms between patients are known to reduce infections by up to 75 percent.²⁵

One hundred thousand deaths and no one is clamoring to legislate mandatory hygiene practices in hospitals.

Zero measles deaths, total PR hysteria, and state governments are poised to legislate away your right to choose.

A MASTER CLASS TO FORCE TOTAL VACCINE COMPLIANCE

Government, industry, and organized medicine have been co-teaching a master class on how to turn one hundred thirty-six cases of measles at Disneyland into a permanent public health emergency and force total vaccine compliance.

Here's their curriculum:

1. Commandeer the science using industry-sponsored research, then close the book.
2. Claim dominance over women's bodies, medicalize pregnancy, and use fear to compel vaccination.
3. Teach parents to ignore the brain damage in children that's all around us. Just realize it's always been there, and understand that we're simply better at seeing it.
4. Demonize parents and obliterate the right to choose.

They are attempting to control the conversation and force total compliance.

A MASTER CLASS ON HEALTH FREEDOM

Educated citizens,²⁶ however, know that there's more to this than meets the eye. And any conversation that's worth having is one that goes both ways. We reject their curriculum. It's time for a new master class— one that's about personal responsibility, individual agency and collective advocacy:

1. Take back the science for yourself.
2. Reassert control over your body—the decisions belong to you.
3. Look into the eyes of the children and accept the truth.
4. Above all, fight for your rights. Fight for health freedom. Or it will be gone.

Here's my course description on health freedom.

RECLAIM THE AFFIRMATIVE MESSAGE

Who says that industry, government, and organized medicine get to define the narrative? We're not against. We're for. We're for independent science. We're for health freedom. We're for our rights.

GO TO SCHOOL ON HUMAN RIGHTS

UNESCO, the United Nations Educational, Scientific, and Cultural Organization, has over one hundred ninety member countries around the world. In 2005, UNESCO drafted the Universal Declaration on Bioethics and Human Rights.²⁷ It's a foundational document that establishes informed consent as the international human rights standard around the world. I urge you to read it; it's spectacular. Here are some highlights, paraphrased for simplicity:

- Because human beings have a unique capacity to give expression to ethical principles...
- Because of rapid developments in science and technology...
- Because we should respect human dignity... and observe human rights and fundamental freedoms...
- Because health isn't just about science and

technology...

- Because ethical issues in medicine can affect all of us, from individuals and families, to communities and all of mankind...
- Because innovation cannot be invoked at the expense of our rights and freedoms...
- Because a person's identity is comprised of many significant, valuable dimensions, including social, cultural, psychological, and spiritual components...
- Precisely because of all these magnificent things...
- *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 expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.* [Article 6 – Consent]

In other words, when it comes to any medical intervention, all human beings must have a choice. No one can do anything to you unless you agree. You must be adequately informed. You can change your mind at any time for any reason. And look carefully... there's no special exception for vaccination.

FREEDOM AND TRANSPARENCY

We have the right to know and understand what we're putting into our bodies. This means:

- independent scientific research;
- access to the providers, supplements and treatment options of our choosing;
- high certification standards; and,
- truth-in-labeling.

We need to be health freedom fighters! Something has been happening over the past thirty years. Health freedom has declined in lock-step with all these vaccine mandates. Mandatory vaccination takes away your health freedom.

WHAT DOES IT MEAN TO BE FREE?

What is freedom? Our founding fathers made clear that government should not come between man and his God and conscience. It's not

just about human rights law. Divine law, natural law, and the laws of this land, the United States of America, uphold fundamental freedoms and inalienable rights. These rights cannot be surrendered. They aren't supposed to be voted on. They belong to you and to me.

But governments will try because that's what they do, as any student of history can tell us. They overreach. They attempt to pass bills that sweep too broadly. Today, there are over one hundred bills in thirty-four states seeking to increase vaccine mandates; expand state police powers; facilitate monitoring and enforcement; and eliminate our right to choose.²⁸

You may think these bills are about public health and children, but they're not. Many of these bills are attempting to legislate away what's rightfully ours. They're a land grab and nothing less than our bodies and our rights are at stake.

Vaccination is the exception that proves the rule. It lays bare the reality that we do not have health freedom in this country.

INTRODUCING HEALTH FREEDOM ACTION™

We're proud to introduce Health Freedom Action, a new 501(c)(4) organization for legislative advocacy, to advance the bills that uphold our rights and to oppose the ones that aim to take them away.

We must organize to assert our rights. There's one true currency in politics. When you see a large amount of money being spent, you can be sure the politicians don't have the support of the people. It's time to expand our political center of gravity to promote informed consent and health freedom. We need scale, and consistent and uniform messaging. And we must cross state lines, coordinate across disciplines, and gather our allies.

We have professional knowledge. We need professional infrastructure, including:

- best practices;
- talking points, handouts, letters, flyers
- legislative and legal analysis;
- media coordination and training;
- strategic communications;
- speaker's bureau; and,
- political organizing.

Many of these bills are attempting to legislate away what's rightfully ours.

Informed consent for vaccination, as for every other medical intervention, is a vital expression of health freedom and human rights.

CONSUMER PROTECTION AMENDMENT

Governments are supposed to regulate the activities of corporations and others who provide products and services to the public. Sometimes they fall short. Sometimes they participate in infringing our rights. The modern consumer protection movement hasn't been around that long—about fifty years or so. It is characterized by nonprofit advocacy groups and grassroots activism. Today, there's a rising chorus of voices about compulsory vaccination.

Are vaccines safe or unsafe? People are angry and confused about mixed signals.

- If they're so safe, why are vaccine makers shielded from liability?
- If they're so safe, why must governments force people to get them?
- If they're so safe, why is there a vaccine injury compensation program?
- If they're so safe, why are thousands of people across the U.S. protesting?
- If they're so safe, why not let the markets decide?

In 1986, Congress passed the National Childhood Vaccine Injury Act (NCVIA), which gave manufacturers and health care professionals complete immunity from any vaccine injury. Why did the federal government remove the most important consumer protection for safer vaccination? How can governments mandate vaccination and eliminate exemptions after blocking lawsuits

against vaccine manufacturers? Why don't most people, lawmakers included, know about this?

Will legislators continue to support the removal from parents of their ultimate right to choose when they understand that the vaccine industry enjoys near total liability protection?

As the controversial bill advances through the California legislature, SB 277 has been met with strong and growing public resistance. Thousands have traveled to Sacramento to testify and rally. This citizen movement is drawing attention to the legal implications of the arcane National Childhood Vaccine Injury Act (NCVIA) of 1986.

The Consumer Protection Amendment (CPA) was brought forth in California on May 28, 2015 to strike a balance between vaccine mandates and the absence of vaccine manufacturer liability highlighted by SB 277.

CPA gives consumers in California the opportunity to sue vaccine manufacturers in the event of injury or death. It also creates the opportunity to challenge the constitutionality of the federal government's attempts to block any lawsuits against vaccine manufacturers. While urging the adoption of this amendment, supporters uphold their opposition to SB 277.

Read more about CPA and our call to action at healthfreedomaction.org. There's no time to waste. Let's be fearless and formidable. Together.



Louise Kuo Habakus is the founding director of Fearless Parent™, lead host and producer of Fearless Parent Radio, and mom of two. She is a published author of the bestselling book Vaccine Epidemic and runs two non-profits: the Center for Personal Rights and Health Freedom Action. Louise lectures widely and has appeared in numerous media outlets, including ABC World News Tonight, Fox & Friends, and The New York Times. She was a Bain consultant and a managing director for Putnam Investments. Louise holds two degrees from Stanford University. She is on the advisory boards of GreenMedInfo and The Documenting Hope Project.

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**HEALTH
FREEDOM
ACTION**

It's time to catalyze a national health freedom movement. Here's how you can help:

- Sign up at HealthFreedomAction.org and share us with your friends and colleagues. We must show our numbers. It's vital for political organizing.
- Follow us on social media:
[Facebook.com/HealthFreedomAction](https://www.facebook.com/HealthFreedomAction)
[Facebook.com/groups/HealthFreedomAction](https://www.facebook.com/groups/HealthFreedomAction)
[Twitter.com/HFA4Rights](https://twitter.com/HFA4Rights)
- Share your resources and recommend aligned organizations. Volunteer your skills.

And if you can, please donate. Our paypal email address is info@healthfreedomaction.org.

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Holistic Remedies to Address Vaccine Injury

by Kim Schuette, CN

“A single vaccine given to a six-pound newborn is the equivalent of giving a one-hundred-eighty-pound adult thirty vaccinations on the same day,” states Haley Boyd, PhD, toxicologist and retired professor of chemistry at the University of Kentucky. No wonder many physicians and other health practitioners are reporting a growing number of children and young adults experiencing neurological problems such as seizures and loss of eye contact, and dermatological symptoms like eczema after receiving vaccines.

There are a number of factors to consider when it comes to supporting a child injured from vaccines. Among these are providing a high quality diet to heal the mucous membranes of the gut and blood-brain barrier, addressing nutritional deficiencies, supporting the body’s structural function and assisting the body’s organs of elimination through proper and gentle drainage and detoxification. The modalities presented in this article should be implemented under the care of a qualified health care practitioner.

There are numerous theories on why vaccine damage is increasing. Many believe vaccine injuries, such as the onset of autism, are simply genetic occurrences. Some point to the potential toxicity of the actual adjuvants in the vaccines. Ingredients such as aluminum phosphate or hydroxide, mercury-containing thimerosal, formaldehyde, antibiotics and monosodium glutamate (MSG), to name a few, have questionable safety when injected in the very young and in multiple dosages. Aluminum has replaced mercury as the most commonly used additive, even though trace amounts of mercury may remain, and research confirms that aluminum is equally neurotoxic.

Defenders of vaccination claim that we are simply diagnosing autism and other neurological disorders much better today due to better access to medical technology. However, seasoned educators across the country, those who have consistently worked with children for decades, agree that we are clearly seeing a rise in both autism and learning challenges among children. According to the Centers for Disease Control, one in forty-two boys and one in sixty-eight children in America has autism spectrum disorder.

Many scientists believe vaccine reactions follow early insult to the developing immune system of babies and toddlers. And a growing number agree with Stephanie Seneff, PhD, of Massachusetts Institute of Technology, who has pointed out that the pervasive presence of glyphosate—the branded ingredient in Monsanto’s herbicide Roundup—in the food system along with widespread sulfur deficiencies in pregnant mothers, is wreaking havoc on developing methylation and sulfation pathways of babies in the womb. This compromises the baby’s immune system and leaves him unable to break down the vaccine ingredients adequately, which require methylation and sulfation by the liver. This environmental toxicity is linked to the toxic use of Roundup, which is pervasive in the commercial food chain, along with nutritional deficiencies of sulfur and other nutrients. Recent evidence indicates that autism is a disorder of the nervous and the immune systems—resulting from impaired sulfate metabolism, affecting multiple metabolic pathways.

Twenty-seven years ago, renowned osteopathic doctor Viola Frymann stated that the

modern child is in such a state of weakened health due to poor nutrition, overexposure to environmental toxins and poor body mechanics, that the vaccines can be the straw that breaks the camel’s back. I believe Dr. Frymann’s thoughts best summarize the challenge that we face.

Setting aside the ongoing debate about causative agents and whether or not vaccines are the sole culprit in creating the ensuing issues, the fact remains that we are seeing children with loss of speech or speech regression, loss of eye contact, self-stimulating behavior, and many more neurological symptoms, which, according to their parents (and many doctors) began within days of receiving one or more vaccines. The challenge is to support these children in a way that allows their bodies to process the influx of foreign—and toxic—chemicals. Early intervention is always best. Unfortunately solutions are not a one-size-fits-all remedy but rather an integration of several modalities.

INDIVIDUALIZED NUTRITIONAL SUPPORT

In most cases of vaccine injury, my colleagues and I start by addressing general nutritional deficiencies by using the GAPS Diet. I ask that all our clients read *Gut and Psychology Syndrome* by Natasha Campbell-McBride, MD. I also suggest *The Heal Your Gut Cookbook* by Hilary Boynton and Mary Brackett for recommendations on how to implement the GAPS Diet in a delicious way. Eventually most children are able to move into a more varied *Nourishing Traditions* (Sally Fallon Morell) diet that includes properly prepared grains. We work individually and through group classes to teach our clients how to prepare the traditional foods that make up a key component of their program. We also suggest they watch the videos available by health educator and blogger Sarah Pope, on the website of the Weston A. Price Foundation.

Chief among nutritional deficiencies common in cases of vaccine injuries is vitamin A. True vitamin A, found only in the animal kingdom, plays a key role in assisting the body in fighting infection. Vaccines deplete the body’s stores of vitamin A, so children receiving vaccines are especially deficient. A study of sixty autistic children suggests that the pertussis toxin

The modern child is in such a state of weakened health due to poor nutrition, overexposure to environmental toxins and poor body mechanics, that the vaccines can be the straw that breaks the camel’s back.

Natural vitamin A helps reconnect retinoid receptors critical for vision, sensory perception, language processing and attention in autistic children.

found in the DTaP vaccine interferes with retinoid receptors in the brain in genetically at-risk children. This toxin separates the G-alpha protein from retinoid receptors. Those most at risk report a family history of at least one parent with a pre-existing G-alpha protein defect, including night blindness, pseudo-hypoparathyroidism or adenoma of the thyroid or pituitary gland. Natural vitamin A helps reconnect retinoid receptors critical for vision, sensory perception, language processing and attention in autistic children. To ensure bioavailable vitamin A, a daily dose of Green Pasture fermented cod liver oil is advisable. Additional dietary sources of vitamin A are found in beef, chicken, duck, goose and lamb liver as well as egg yolks.

Vitamin C also is an important player for those injured by vaccines. Vitamin C is best known for its antioxidant effect. It can safely be used before and after vaccines to minimize the inevitable oxidative stress that affects biomolecules when toxins are injected into the body. Vitamin C has also been shown to neutralize the toxic nature of mercury (thimerosal). Those choosing to vaccinate would be wise to give vitamin C before and after injections as it helps protect the kidneys from damage due to exposure to mercury.

After years of study in New South Wales, where aboriginal children experienced an unusually high mortality rate after receiving immunizations, Archie Kalokerinos, MD, realized that the aboriginal people were very low in vitamin C. Dr. Kalokerinos began supplementing the children with relatively high dosages of vitamin C before and after vaccinations. The result was a greatly lowered death rate associated with vaccines among the aboriginal children.

My preference is to utilize liposomal vitamin C such as QuickSilver Scientifics' Etheric Vitamin C or food-based vitamin C from Standard Process or the Synergy Company. Giving vitamin C in a food-based form prevents deficiencies of copper and other co-factors found in the whole C complex, which can arise when giving high dosages of the isolated fractions of the C complex.

Due to a myriad of toxic environmental exposures (including prenatal exposures), more and more individuals are found to have defects

in their ability to methylate certain B vitamins properly. The best source of easily absorbable B vitamins, especially B₁₂ and folate, is liver. Liver can be taken supplementally in desiccated form or enjoyed in dishes such as liver pâté, liver and onions, frozen and grated into smoothies or vegetable juices, as well as combined with carne asada topped with salsa and guacamole. There are plenty of creative ways to get liver into the diet.

In addition to the above-mentioned vitamins, it is wise to make sure those suffering from vaccine injuries are replete in minerals and trace minerals. Dietary and supplemental minerals in the body assist it in displacing and ridding itself of toxic minerals like mercury and aluminum. Daily inclusion of homemade bone broth and Celtic sea salt are ideal choices for re-mineralization. Original Quinton minerals provide an excellent supplement for restoring the body's mineral reserves.

REMOVE THE OBSTACLES TO HEALING

The next step is to eliminate all toxic chemicals used in the home and lawn, in personal care products and cleaning products. I've created a list of preferred products, at biodynamicwellness.com. All bedding and clothing should also be non-toxic. Children should wear clothing made from natural fibers like cotton, linen or silk. Bed linens should also be of non-toxic, natural, breathable materials.

STRUCTURAL SUPPORT

It is important to establish a good to great relationship with an experienced qualified cranial sacral practitioner. Such a practitioner should be able to offer proper support before and after immunizations for those who choose to vaccinate, as well as offer remediation for those suffering from side effects from the vaccines. I have observed much benefit through cranial sacral osteopathic treatments from birth and especially for those injured from immunizations. Chiropractors specializing in neurological chiropractic care can also be very supportive and should be considered.

Osteopathic treatment facilitates improved neurologic function by resolving the effects of compressive forces acquired in utero or during birth. One of the most significant ways to address

poor body mechanics early in life is through osteopathic manipulative treatment from a well-trained cranial-sacral osteopathic physician. As explained by Jorge Moreno, DO, in Montebello, California, “Osteopathic manipulative treatment supports neurophysiology as well as the biomechanics of the body, allowing the whole system to function to its full capacity. Homeostasis is always the goal.” Dr. Moreno works successfully with many vaccine-injured children using osteopathic manipulative treatments and drainage therapies for elimination of toxins.

GENTLE DRAINAGE

An essential aspect of supporting injuries from vaccines involves gentle drainage, which allows all the emunctories (organs of elimination) to more safely and adequately eliminate toxins stored in various tissues

of the body and repair damaged cells. Each of our magnificently designed bodies possesses an innate drive towards healing and functionality. Drainage remedies offer the body the opportunity to regenerate and restore cellular function. Biotherapeutic drainage is a process that varies with each person and takes time. For optimal results it is important to work with a well-trained practitioner when using drainage remedies and to be on a nutrient-dense diet, having removed all known obstacles to healing. To learn more about identifying and removing obstacles that block healing, I highly recommend reading *Radical*

DRAINAGE FOR VACCINATION DAMAGE

So what exactly is drainage? And what isn't it? Drainage is not the same as detoxification. Detoxification typically involves therapies designed to eliminate specific toxins from particular organs, such as a parasite cleanse, a colon cleanse or a heavy metal detox for the liver or kidneys. Drainage takes into consideration the individual's metabolic status, his level of health and vitality, as well as degeneration, and the function of the person's main emunctories (organs and tissues of toxin elimination), which include the liver and gallbladder, the kidneys, the intestinal tract, the lungs and the skin. The secondary emunctories are all the mucosal membranes of the body. These tissues act as eliminatory routes when the primary organs are overwhelmed or inefficient in their function. They basically become back-up drainage systems for the body.

Any therapy that encourages the body to eliminate toxins can be considered a drainage therapy. This includes saunas, Epsom salt baths and all forms of hydrotherapy and massage; however, biotherapeutic drainage is generally thought of as comprising botanical and homeopathic (single and complex) remedies. Homeopathy originated with German doctor Samuel Hahnemann in 1789. In the 1920s Dr. Antoine Nebel, a Swiss physician, refined Hahnemann's work into a protocol that eventually became known as “drainage.” Dr. Nebel used nosode remedies, which are strong homeopathic remedies that mobilize the immune system to address disease. He then added secondary remedies to target specific organs or tissues, making the process gentler. Through the work of others such as Vannier, Discry and Ruetter, drainage remedies expanded to what we now have through homeopathic companies, such as UNDA in Belgium. UNDA Numbered Compounds combine Chinese medicine, homeopathy and oligo elements (minerals) to create gentle but powerful drainage remedies that can be used by all ages.

G rard Gu niot, medical doctor and homeopath, developed what was called the “brain protocol.” Dr. Gu niot taught that the brain has four stages of maturity and that each stage corresponds with the development of the primary endocrine glands. The first stage, known as the adrenal phase, develops between conception and eighteen months of age; the second stage, the thyroid phase, matures between eighteen months and seven years of age; the pituitary phase, the third phase, completes development at puberty; and the fourth stage, the gonadal phase, takes place between puberty and about twenty years of age. Injuries, emotional traumas, toxic exposures and serious illnesses can disrupt the otherwise normal healthy process of brain and endocrine growth and development. Dr. Gu niot understood that human development was initiated through various hormonal surges. For instance, the release of the pituitary hormone oxytocin begins the birthing process. It is also the surge of pituitary hormones that later initiate puberty. Digestive processes are also dependent upon hormone secretions, just as other processes are stimulated by the release of adrenal hormones and thyroid hormones. Gu niot concluded that a very strong interconnectedness links the development of the glands, digestive organs, nervous system and the resultant immune function.

Dr. Gu niot's protocol aims to restore function that has been disrupted. It incorporates gentle drainage using UNDA Numbered Compounds along with organotherapy and cell salts, after sufficient preliminary drainage and nutrition has been implemented. His brain protocol offers a key piece of the process of remediating injury from toxic exposures.

And lastly, a favorite drainage therapy is gemmotherapy. Gemmotherapy, also known as plant stem cell therapy, was developed in the mid-1900s by Pol Henry, a Belgium physician, and further developed by Max Tetau, MD. Gemmotherapy utilizes the embryonic portions (rootlets, buds, sap or bark) of botanicals. These potent remedies have the ability not only to decongest organs and encourage tissues to release toxins, but also contain very regenerative qualities that restore function to tissues and organs. Gemmotherapy is very compatible with constitutional remedies. For more details about the use of gemmotherapy and other drainage remedies please see Dr. Louisa Williams' excellent book, *Radical Medicine*.

Medicine by Louisa Williams, DC, ND.

Dr. Gérard Guéniot was a pioneer in the field of drainage. He was a French physician, later practicing in Belgium, who trusted in the “healing power of nature” and used homeopathic remedies to treat all of his patients—with tremendous success. He worked with remedies that are understood to encourage cellular growth and intercellular connection, focusing around brain tissues and brain functions. Numerous doctors and practitioners, including Jorge Moreno, DO, Mikhael Adams, ND, Robert Abel, ND, and Dickson Thom, ND, incorporate Dr. Guéniot’s principles into their treatment of patients with vaccine injuries. I have found these principles and associated remedies to be extremely supportive in my practice when addressing vaccine injuries as well as a myriad of other acute and chronic disorders.

MUDPACKS AND SOAKS

Lastly, therapies that directly support the skin can be extremely beneficial. Specialized

mudpacks using a variety of therapeutic clays placed over the vaccine site, as well as the liver and kidneys, are another useful tool for assisting the body in drawing out toxicity. Soaking baths using clay, Epsom salt, baking soda, magnesium flakes and Celtic sea salt are additional tools for easing the process of healing.

As mentioned above, the sooner an issue is addressed after its onset, the more clear the picture and the more expedient the process. Above all, maintaining a hopeful and positive attitude on behalf of those who are suffering is vital. We must believe in the power of our bodies to heal. We must also be strong enough to think for ourselves and not rely on big industry to tell us what is best for us and for those we love. Love is our most powerful tool. It drives us to amazing feats. May it drive us to be instruments of healing in this world. 

Kim Schuette, CN, has worked in the field of nutrition since 1999. She established Biodynamic Wellness where she practices with a team of three other nutritionists. She introduced the GAPS Diet to clients in 2006, and in 2011 became a Certified GAPS Practitioner. She is an award-winning activist for her work in children’s and preconception nutrition. Kim serves on the board of directors of the Weston A. Price Foundation. She is the mother of three healthy children (two adults and one teenager). Kim resides in Encinitas, California with her husband and their youngest son. For more information, go to biodynamicwellness.com and gapsinfo.com.

HOMEOPROPHYLAXIS CONFERENCE: PRESENTING THE SAFE ALTERNATIVE TO VACCINES Dallas, Texas, October 2-4, 2015, register at hpworldwidechoice.com

The Weston A. Price Foundation, since the beginning, has advocated nurturing therapies and non-toxic remedies to promote human and animal health. We are proud to be a sponsor of the first-ever international conference for the worldwide promotion, education and encouragement of Homeoprophylaxis (HP), a proven, effective and safe alternative to vaccines.

For more than two hundred years, in fact since the days of Samuel Hahnemann, this non-invasive method of protecting against disease has benefitted millions of people around the world. Homeoprophylaxis is taken orally, not injected, and there are no additives or preservatives that increase risk. This method of educating and strengthening the immune system, along with the WAPF nutrient-dense diet, offers the promise of lifelong immunity. Unlike conventional vaccines which tend to lose their effectiveness over time, this method educates and informs the immune system, improving long term health outcomes. This landmark event will bring together experts from around the world who are using HP in their practice. Speakers include:

- Dr. Isaac Golden of Australia will bring his twenty years of clinical research and share the remarkable success of HP in his Australian health clinic.
- Dr. Tetyana Obukhanych, PhD, immunologist, is the author of the book *Vaccine Illusion*. She will speak about how the immune system functions and why the rush to repeal vaccine exemptions is unwarranted.
- Ravi Roy and Carola Lage-Roy from Germany will speak on the use of HP plus address vaccine injury in Europe.
- Dr. Andrew Wakefield, who himself has been the target of persecution for delving into causes of autism, will give a special update on the CDC Whistleblower case.
- Dr. Harry van der Zee of the Netherlands will shed light on epidemics and the use of natural treatments to stop their spread.
- Alan Phillips, Esq, the leading attorney in the United States on vaccine exemption laws, will explain the legal rights of parents and how to exercise those rights.
- Cilla Whatcott, author of *There is a Choice—Homeoprophylaxis*, will address the critical role of parents in a child’s health care decisions.

Health practitioners who attend will learn how HP has been implemented for infectious disease, childhood disease, travel and epidemics. Exhibitors will offer educational materials and more to help both practitioners and patients embrace this traditional yet novel way to prevent disease.

Do Parents Have An Immunization Option?

by Cilla Whatcott, HD RHOM, CCH

In the emotional fray of divisive name-calling and shaming, all parents actually have the same goals regardless of the label pro- or anti-vaccine. The health and safety of their own children and the right to make informed choices are the main focus of loving parents the world over. As a homeopath, my intent is also to empower parents by providing them education about how the immune system functions and current information about what's available for them. Critical information that most parents do not know about is something called homeoprophylaxis, also known as "HP."

HP is a natural, non-toxic method of educating the immune system in order to reduce susceptibility to disease and to manage illness more effectively in the event it's contracted. It's been around for two hundred years and well utilized in India, Brazil, Australia, Europe, Africa, Cuba and elsewhere. The use of HP can prevent diseases such as malaria,¹ Japanese encephalitis,² cholera,³ dengue fever,⁴ leptospirosis,⁵ diphtheria,⁶ polio,⁷ scarlet fever,⁸ meningitis,⁹ pertussis¹⁰ and smallpox.^{11,12} In the United States, pharmaceutical-based medical practice provides very little support for homeoprophylaxis, and it receives virtually no coverage from the U.S. media. Knowledge about HP spreads from parent to parent and amongst my clinic clients.

Due to lengthy development times, complex regulations and exorbitant production costs, vaccines cannot keep up with rapidly evolving epidemics.

The definition of “immunization” is the process whereby a person is made immune or resistant to an infectious disease. To do so in a natural and biologically supportive way is indeed an accomplishment. This is the goal of HP.

By weakening or “attenuating” a disease pathogen and introducing it into the body, the immune system is familiarized with the particular disease and becomes better equipped to mount an immune response when encountering the disease in nature. The practice of conventional vaccines began with this theory, but some distinct differences have emerged over time.

- Vaccines are injected directly into the bloodstream, bypassing the body’s natural route of infection, namely, the mucous membranes, where initial immune cells reside.
- Vaccines are grown on foreign materials such as monkey kidneys, eggs, porcine cells or human diploid (fetal) cells. This introduces foreign DNA into the recipient of the vaccine along with unknown foreign viruses.
- Doctors give multiple vaccines at once in the erroneous belief that inundating the developing immune system with eight or nine disease antigens at one time is safe and effective. This causes confusion in the system and requires natural detoxification, which may be possible if the recipient has mitochondrial disorders.
- Vaccines are loaded with additives: antibiotics to reduce bacterial load; preservatives; chemicals intended to cross the blood-brain barrier; surfactants; adjuvants intended to boost antibody production and inflammatory response; and also in certain vaccines such as the flu vaccine, thimerosal, which is 50 percent methylmercury.

ADVANTAGES OF HP

By contrast, HP is given orally. Production of HP requires no foreign materials, but only the original disease pathogen, which is diluted beyond any remaining molecules. One disease is introduced at a time, allowing the body to mount a natural immune response. And there are no additives in HP; no preservatives, no adjuvants, no antibiotics, no surfactants; nothing but the pure

original antigen reduced to a harmless form. In other words, HP provides all the benefits of the disease with none of the risks.

Not only do conventional vaccinations pose considerable dangers, but for many diseases that exist in epidemic proportion, no vaccines are available. When natural disasters strike causing flooding, earthquakes or landslides, stressors upon natural and human resources cause people to become more susceptible to disease, and in these situations, HP is a wise choice. Additionally, poor health infrastructures and strained material resources create a suitable environment for the very rapid spread of disease.

While conventional vaccines have been the preferred method of protection, serious drawbacks exist to reaching those in need. Due to lengthy development times, complex regulations and exorbitant production costs, vaccines cannot keep up with rapidly evolving epidemics. Once administered, protection can take one to two months to develop. Considering the two-to-six-month production time, possible adverse effects for some members of the population and the fact that certain vaccines can only be given to narrow segments of the population (such as those over eighteen years old) it is clear that vaccines cannot fill the growing need. Moreover, the incidence of chronic disease as a result of excessive environmental toxicity is something we cannot ignore. Predictive graphs showing us estimates of cancers, cardiac disease and respiratory illnesses by 2030 illustrate shocking pictures. Medical science is in agreement that many diseases are the results of toxic overload.¹³

USE OF HP IN BRAZIL

Most recently, emerging studies from Brazil, Australia and Cuba point to the easy administration and effectiveness of homeoprophylaxis.

In 1974, during an epidemic of meningitis in Brazil, Dr. Francisco Eizayaga gave over eighteen thousand children the homeoprophylactic remedy called *Meningococcinum*. An untreated group of over six thousand children served as a control. In the group treated with HP only four cases of meningitis occurred. In the untreated group there were thirty-two cases. The study was repeated in 1988 with individuals between the ages of zero and twenty, with almost sixty-six

thousand in the treated group and over twenty-five thousand in the untreated group. During the following six months, one case of meningitis occurred in the treated group and seven in the control group. The rate of illness in the control group was eighteen times greater than in the treated group. Statistical analysis demonstrated homeoprophylaxis displayed 95 percent protection from meningitis in children under six months old and 91 percent protection in children over twelve months old.¹⁴

RESULTS IN AUSTRALIA

Dr. Isaac Golden of Australia is a pioneer in the use of HP for children. In 1985 there were no published homeoprophylaxis programs that could be used in place of the recommended childhood vaccine schedule, and no one was systematically collecting evidence to support the use of such programs. Golden's work stands as the keystone to future applications of homeoprophylaxis for infectious childhood diseases.

A very interesting finding of Dr. Golden's work is the improved long-term health outcomes of children using homeoprophylaxis instead of conventional vaccination. HP also provided improved long-term outcomes when compared with unvaccinated children whose parents used a general "make-the-child-as-healthy-as-possible" approach to infectious disease prevention. He states, "The explanation of this result remains open, but I would suggest that HP remedies stimulate the energetic immune response and this must lead to a maturing of the response in an analogous way that infection with simple diseases can help to mature the physical immune response."¹⁵

USE OF HP IN CUBA

Leptospirosis, a bacterial disease, is endemic to Cuba, where the government annually vaccinates the entire population to protect against it. Dr. Gustavo Bracho is an immunologist who works for the Carlos J. Finlay Institute, a world renowned center for vaccine research and production in Havana, Cuba. He is advisor to the president and general director of Finlay Institute, and head of the Homeopathy and Biotherapeutic Projects at the Institute. He is an experienced researcher in molecular and cellular biology,

and has headed the Adjuvant Group within the Immunology Department of Finlay.

The existing leptospirosis vaccine can only be stockpiled to cover 0.1 percent of the population. It takes three months from the first dose for immune levels to reach adequate protection, and it can only be given to individuals fifteen years and older. Additionally, it covers only three of the four circulating strains of leptospirosis, reducing competition for the fourth strain, resulting in its possible increase over time.

In 2008 when three hurricanes (Gustav, Ike and Paloma) ravished the island, Dr. Bracho developed HP for leptospirosis since there was not enough production time to create the conventional vaccine. After immunizing 2.3 million residents with HP, Dr. Bracho published his findings, which are available through PubMed.

According to his report, "After the homeoprophylactic intervention a significant decrease of the disease incidence was observed in the intervention regions. No such modifications were observed in non-intervention regions. In the intervention region the incidence of leptospirosis fell below the historic median. This observation was independent of rainfall."

He concluded: "The homeoprophylactic approach was associated with a large reduction of disease incidence and control of the epidemic. The results suggest the use of HP as a feasible tool for epidemic control. Further research is warranted."¹⁶

Dr. Bracho went on to study the effects of HP with hepatitis A, dengue fever, acute respiratory infections and acute diarrheal diseases. Significant reductions in all of these diseases resulted from use of HP.¹⁷

HP FOR EPIDEMICS

Using homeopathic intervention in the form of homeoprophylaxis for epidemics makes sense for a number of reasons. HP is easily produced. Production time is brief and the cost very low compared to conventional vaccines, making it easily available to developing countries. It remains stable at room temperature, requiring no refrigeration during transport. Many individuals can be treated in a short period of time at a very low cost. Since it's administered orally, it requires no needles and no licensed medical

The homeoprophylactic approach was associated with a large reduction of disease incidence and control of the epidemic.

personnel to distribute. This flexibility allows adaptation of HP to most local conditions and to the poorest of populations.

Unlike vaccines, which are often targeted to specific age groups, HP can be safely taken by people at any age, leaving no uncovered population at risk. The clinical effects develop quickly, not requiring months to produce effectiveness. And lastly, HP can be combined with other interventions and strategies.

According to Dr. Bracho, low cost, easy and swift production, combined with easy storage and simple administration makes HP an excellent choice for increasing global impact on epidemics.

Homeoprophylaxis has provided two hundred years of clinical evidence showing us that it is safe, devoid of any toxic components, and also yields positive long term health effects.¹⁸ Additionally, homeoprophylaxis appears from documented evidence to provide a level of protection that is comparable to or better than vaccines, meaning that parents have genuine choices available when it comes to preventing potentially serious infectious diseases. 

Cilla Whatcott, HD RHom, CCH is a practicing homeopath and mother of children from China, Taiwan, the Marshall Islands, and Russia. She is actively engaged in research, education, and application of homeoprophylaxis and is the author of The Solution and There Is a Choice. She can be reached at: homeopath2@comcast.net. Cilla will be speaking at the first international conference about homeoprophylaxis for parents, practitioners and health providers. HPWorldwideChoice.com.

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HOMEOPROPHYLAXIS FOR MEASLES

Since we know that artificial immunity from vaccination wanes over time, homeoprophylaxis (HP) may be a wise alternative for protecting naturally. Educating the immune system by giving an energetic dose of *Morbillinum* (measles) can provide a safe, non-toxic form of the disease.

The American Journal of Epidemiology (1985 Dec;122(6):1017-31) even suggests a protective effect from later, more debilitating diseases such as Parkinson's for those contracting measles during childhood. Mother Nature knew what she was doing when she designed measles as a benign childhood disease.

Morbillinum can be administered by any homeopath with an understanding of homeoprophylaxis. It can only be purchased at homeopathic pharmacies in the form of small pellets taken by mouth and can be taken as a single disease for just a few doses, or in conjunction with an entire program that covers all the childhood diseases. While no studies have been conducted on *Morbillinum* singularly, it was included in the fifteen-year study by Dr. Golden using HP in place of all the recommended vaccines.

Technology as Servant

FROM DAWN TILL DUSK: THE DANGERS OF BLUE LIGHT

By John Moody

For the greater part of human history the daily rhythms of life, like those of Nature herself, were tied to the trajectory of the sun. The pale light of dawn signaled the start of day while dusk marked a hurried return to homes or villages. Indoor fires and lighting were possibly dangerous, expensive and dirty. The relatively recent advent of electricity and the incandescent light bulb heralded rapid and radical changes in the rhythm of our days. No longer was human activity bound by the limits of natural sunlight. No longer were we required to work by day and sleep by night. Ceaseless daylight was born. Each of us could control our own personal sun in our homes and workplaces. Yet this apparent technological blessing, wielded with abandon while its full consequences were not understood, has instead become a bane to health and harmony.

THE DANGERS OF BEING BLUE

The problems with modern lighting, especially those that utilize the brighter, daylight spectrum, have not been understood until relatively recently, with our improved grasp of the connection between specialized cells in the human eye and how these affect intricately delicate and complex hormonal and other regulatory systems in our bodies.

According to Wikipedia, the photopigment melanopsin “is found in some retinal ganglion cells in the eyes of humans and other vertebrates. These cells. . . perceive light but are much slower to react to visual changes than the better known rod and cone cells. They have been shown to affect circadian rhythms, the pupillary light reflex, and several other functions related to ambient light. . . Evidence supports prior theories that melanopsin is. . . responsible for the entrainment of the central ‘body clock’ in mammals.”¹

Melanopsin appears to function by affecting and suppressing the production of melatonin,

the hormone that allows us to anticipate darkness and signals the onset of sleep. Exposure to light in the evening thus interferes with various hormone-regulating systems, thereby affecting sleep, mood, energy and performance. Commenting on the effects of light on our health, one neurologist has stated that “light works as if it’s a drug.”² Indeed, just as food is medicine, so is proper light, and the lack of nourishing light, like the lack of nourishing food, causes harm.

The effect on sleep cycles and sleep quality is especially important. For instance, one study found the use of an iPad at night before bed caused the body to produce 55 percent less melatonin. Participants took longer to fall asleep and experienced less REM activity during sleep. (REM sleep is vital for modulating mood, handling stress, and activating learning capacity, among other benefits.) These same subjects experienced reduced alertness in the morning and had delayed circadian rhythms the next evening compared to those who had read a physical book before bedtime instead.³ The good news about this biological mechanism is the relatively short spectrum length that affects melanopsin, only between 450 and 530nm. The bad news is this is exactly the spectrum of light predominantly produced by many techno-gadgets and energy-efficient light bulbs, such as CFLs and LEDs.

Thus, reducing exposure to and blocking out this spectrum during the evening is key to helping our bodies stay in healthy sleep cycles, creating conditions for restful sleep and good overall health.

MINIMIZE BLUE LIGHT EFFECTS

First, especially for city dwellers or anyone facing light pollution, light-blocking curtains are a must. The darker your sleeping quarters the better. A bedroom should be as minimally populated by technology as possible. No computers, no cell

Just as food is medicine, so is proper light, and the lack of nourishing light, like the lack of nourishing food, causes harm.

Blue light is mainly harmful when our exposure comes at the wrong time.

phones or iPads, no routers or wireless modems. Make your bedroom a protected haven and respite from the gadgetry of the modern world.

If you need a clock in your sleeping quarters, models are now available in red light and that only display when touched by you. Similarly, have a lamp or two in your sleeping quarters with specialized light bulbs that focus on the warm, evening light spectrum rather than the bright day range of color, such as those oh-so-evil incandescent bulbs. Go for lower wattage (less total light producing) bulbs as well as the warmer color spectrum, as the two combined help the body prepare for slumber and are less disruptive to our bodily rhythms.

Avoid CFLs (compact fluorescent lamp) (Spring 2013). Go with LEDs. Though they typically skew towards the blue, you can look for ones that are specially made or coated to change the light balance for bedroom or similar use.

WAYS TO BENEFIT FROM BLUE LIGHT

Do note that blue light is not all bad news. It appears it is mainly harmful when our exposure comes *at the wrong time*. Especially for people whose work denies them access to sunlight, or people in climates and locations that have limited natural light, blue light exposure can be very beneficial. Astronauts, for instance, are given specialized lights that “encourage energy and activity during what would be daytime hours, and then (use)...light bulbs that dial back on the blue to boost astronauts’ production of melatonin for a good night’s sleep. Similarly, many people who live in the prolonged dark of northern winter climates are prescribed blue light to fight off SAD (seasonal affective disorder).”⁴

IF YOU CAN'T ESCAPE BLUE LIGHTS

A number of companies now make glasses that filter out blue light, along with other blue-light-blocking accessories and gear. For those who must work late in the evening and cannot control the light of their environment, such glasses may provide benefits to their health and sleep.

PROGRAMS FOR TECH

For those who use computers and phones for work, especially in the evenings and thus have little choice save to change occupations, a few very useful options exist to help minimize exposure and damage from blue light, especially in the evenings.

F.lux is free, down-loadable software that automatically controls your computer’s color spectrum, causing the display to mimic daylight and warm night-time light at the appropriate times automatically. It is available for free for PCs and laptops. It can only be used on jailbroken phone devices. Find out more at justgetflux.com.

It is also important at night to drop the total brightness of your devices, not just remove blue light. A recent study showed that an area in the brain called the suprachiasmatic nucleus, or SCN, is affected by both intensity and color of light exposure.⁵ The SCN measures time for the body using chemicals and electrical rhythms.

So turn down the brightness as well. Note that distance matters with light. At six inches, you receive four times more light than at twelve, and sixteen times more light than at twenty four (light decreases over the distance squared, so every doubling of distance quarters the intensity). Especially for computers, the farther you are

STUDIES ON LIGHT¹¹

In one study men exposed to fluorescent lights produced 40 percent less melatonin and reported feeling more awake an hour after the lights were shut off for bedtime than men exposed to incandescent lighting.

Another study showed that light exposure delayed the onset of melatonin production by as much as ninety minutes after the lights were turned off.

Yet another study involving mice showed that those exposed to light at night gained more weight than those exposed to normal amounts of daylight, even though both groups consumed identical amounts of calories.

The WHO has stated that “shift work” is a probable carcinogen, especially for breast cancer. This is perhaps partly attributable to the disruption of basic natural rhythms, and also to the fact that most of these jobs are performed under intense, artificial fluorescent lighting.

For those with severe sleep and circadian rhythm disturbances, it may be time to go on an extended camping trip where modern technology is strictly limited to help the body reset and regulate itself to more natural and healthy rhythms.

from the screen, the better for your body. Even better is to avoid technology for the last hour or so before bed each day. I know this is a radical idea, but instead you can chat with a family member or friend or read a book alone or aloud—both my wife and children prefer these options anyway!¹⁵

Turning down the brightness of all lighting in your home throughout the evening also helps you adjust to turning down gadget brightness. It is hard to have technology turned low if the ambient environmental light is strong and bright. Toning down the overall brightness helps everyone prepare for and enjoy better sleep.

BE IN THE LIGHT

Let me offer a few final recommendations. First, strive every day to spend time outdoors in direct, natural light. If you work an office job, take your lunch break outdoors, somewhere with unimpeded sunlight. If it means the roof of your workplace, so be it! If you absolutely can't do this, make sure that your work environment and indoor environment exposes you to the right kinds of light at the right times if you are able, such as an eastern window in the morning. A recent study showed that people exposed to natural light during the work day experienced significantly longer and better sleep than those whose work denied them such light.^{7,8}

Second, some studies have shown that for people with significant sleep cycle and quality troubles, escaping to a natural light environment with no technology or gadgets for about a week can significantly improve sleep and reverse some

of the damage done by badly timed light. So try on a regular basis to go camping or otherwise escape into nature to help keep your body better in tune with the natural cycles that governed our work, rest, and sleep for thousands of years.

Do what it takes to promote and protect your health. Natural light helps your body properly regulate and maintain balance with natural circadian rhythms. Exposure to direct sunlight improves melatonin levels and shifts the hormone to function more in line with an early-to-bed and early-to-rise schedule. And as we know, “early to bed, early to rise, makes people healthy, wealthy, and wise.” ☯☯

Exposure to direct sunlight improves melatonin levels and allows one to more easily attain an early-to-bed and early-to-rise schedule.

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LIGHT UP YOUR LIFE SAFELY

A small number of studies suggests that there is possible danger that the blue portion of the light spectrum which LEDs in particular produce (though CFLs do as well) may cause irreversible damage to our eyes.^{9,10} I commented on this issue at length in the Letters section of this journal (Spring 2015), but will briefly restate points below. Remember, damage to the eye is based on light spectrum, intensity, duration of exposure, and likely the health status of the one exposed. To help minimize possible damage attend to these pointers:

1. Eat a nourishing diet, rich in vitamin A and antioxidants. Avoid polyunsaturated fatty acids and processed foods.
2. Turn down the brightness on your devices and use lower-wattage ambient light when possible. Bring in as much natural light into your living and work spaces as possible. Realize that no light bulb was ever designed to be looked at directly. They are made to help you to see, not to be seen.
3. Sit as far away from electronic devices as possible. Seek to have your eyes at least twenty-four inches from computer and other gadget screens (farther for TVs, especially large TVs).
4. Take regular breaks when working with technology. Plan a five- to ten-minute break every thirty minutes and a shorter break every ten to fifteen minutes to rest your eyes and give them time to recover.

All Thumbs Book Reviews



*The Intelligent Gardener:
Growing Nutrient-Dense Food*
Steve Solomon with E. Reinheimer
New Society Publishers

On my shelf with many other gardening books *The Intelligent Gardener* stands tall, providing studied and specific information on soil remineralization with the purpose of growing nutrient-dense produce. This book is for all gardeners, and especially to be read by those who grow vegetables in an “organic” fashion. Also appropriate for educators in the agricultural and health sciences, we can hope this book might even get into the hands of politicians. Solomon champions the imperative message that human health is tied to the health of the soil.

Solomon begins with the undeniable rationale that we need nutrient-dense food to insure optimal human health. He summarizes the work of many corroborating early scientists like Drs. Weston A. Price and William Albrecht, as well as current researchers and practitioners. There is a glossary, a bibliography, a section explaining major/minor nutrients, plus a section on the complete organic fertilizer for those who don’t want to follow the soil testing route.

The book has wide application and is organized and written to be understood by backyard gardeners. Solomon says you need very little background in chemistry or math to use this book, and I agree. The book contains technical information, explained in layman’s terms, and is at the same time very complete. Careful attention to his precepts will be rewarded with accurate guidance for what is appropriate and useful for each grower’s specific needs, such as high soil pH or mineral excesses, for example. Solomon weaves in personal stories with humor and candor to illustrate his points and underscore the efficacy of his methodology.

Solomon’s unifying theme among all the topics of his book is to get the minerals in the soil to the proper levels and ratios, and then the soil will grow its own organic matter. As for adding

compost, Solomon says, “Just a little dab will do ya.” He claims that many organic gardeners, organic gardening writers, and others have the misconception that compost is the end-all solution to a healthy soil. For these gardeners the solution to every problem is to add more compost. While containing some minerals, compost made from plants grown on poor, depleted soils simply can’t bring soil minerals to the ideal levels and ratios, Solomon explains. In fact, adding excessive amounts of poor quality compost can make the soil nutrition problem worse.

Chapter 5 deals with remineralizing the soil, and is the main thrust of the book. It lays out the need for a specific soil test (Mehlich 3, Logan Labs recommended), and then leads the reader through the procedures for calculating the amount of each mineral to add. While this is not difficult, it becomes a bit complicated when deciding which specific fertilizers to use. Math calculations are required at this stage, which might put off some gardeners.

Again, the keep-it-simple theme of the book comes to the rescue. The authors offer an alternative for those wanting to avoid the math. Alice and Erica Reinheimer have developed an app (GrowAbundant.com) that uses the same target levels as recommended in the book. When one punches in appropriate numbers from the Logan Lab report, soil fertilizer prescriptions pop up. The app is a real time saver and is easy to use.

For gardeners wanting a book with useful information for growing nutrient-dense vegetables, this book is number one on my list. It reflects the authors’ great knowledge and many years of experience. Should new insights on remineralization be revealed, Solomon promises to revise the calculation sheets. Even if a reader does not use the Logan Lab soil tests and/or the Reinheimer app, the book is loaded with good information and is well worth reading. Thumbs UP.

Review by Calvin F. Bey, PhD

When the minerals in the soil reach the proper levels and ratios the soil will grow its own organic matter.

All Thumbs Book Reviews

Our Daily Poison: From Pesticides to Packaging, How Chemicals Have Contaminated the Food Chain and Are Making Us Sick
Marie-Monique Robin
The New Press

If you are not already aware of how pervasive man-made poisons are in the environment, reading this book may make you want to run back to your cave and hide. This book goes well beyond just cataloging known toxins that we are exposed to and explains how the industries that produce them know they are dangerous and connive to keep them on the market. One way they do that is with slippery euphemisms. They don't make pesticides, for example. They produce *phytosanitary* products.

The problems are not just confined to industry itself but the agencies that are supposed to regulate them. For example, the herbicide Lasso was banned in Canada in 1985 but not in Europe until 2007 and then slowly. Why so slowly? Did they think maybe the Canadians were idiots? Actually, I don't know what they think of Canadians

but that was not the reason for the delay in the ban. They went slow so as not to inconvenience Monsanto too much.

Robin goes into the history of how we got where we are today. In brief, it seems the powers that be thought it would be a shame to let the chemical warfare expertise developed during two world wars go to waste, so they declared a new war—on nature. This war on nature has produced some absurd results. In 1957 the USDA decided to wipe out fire ants. The ants don't cause any crop damage and have never killed anyone but we just don't like them, so we're going to annihilate them all. The collateral damage from this war was extensive and succeeded in killing birds and other small wild life in general. Farm livestock also took a big hit, along with dogs and cats. After all the carnage the fire ant was more widespread than ever. The program earned the complete contempt of everyone who knew about it.

One expert estimated that where pesticides are widely dispersed, only about 0.3 percent of that pesticide reaches its intended target. So 99.7 percent is targeting something else. We



BOOK REVIEWS IN WISE TRADITIONS

The Weston A. Price Foundation receives two or three books *per week*, all of course seeking a Thumbs Up review. What are the criteria we use for choosing a book to review, and for giving a Thumbs Up review?

- First and foremost, we are looking for books that add to the WAPF message. Dietary advice should incorporate the WAPF guidelines while adding new insights, new discoveries and/or new therapies.
- We are especially interested in books on the fat-soluble vitamins, traditional food preparation methods and healing protocols based on the WAPF dietary principles.
- We look for consistency. If you talk about toxins in vaccines in one part of your book, but say you are not against vaccines in another part of your book, we are unlikely to review it.
- We do not like to give Thumbs Down reviews. If we do not agree with the major tenets expounded in a book that is sent to us, we will just not review it. However, we feel that we have an obligation to point out the problems in influential or bestselling books that are peddling misinformation, and for these we will give a negative review. We also will give a negative review to a book that misrepresents the findings of Weston A. Price.
- Please do not send us a book as an email attachment. Have the courtesy to send us a hard copy book or a print-out of your ebook or manuscript in a coil binding.

All Thumbs Book Reviews

often hear the argument that people are only exposed to very small amounts. There is even a nice mathematical formula to make it look all scientific. The formula has a name—Haber’s Law—named after the man who came up with it. Toxicity is equal to the concentration multiplied by the time it takes to cause a reaction. Like golf scores, the lower the number, the better and less toxic. Industry likes to focus on the concentration and ignore the fact that if the time is years or decades, you still end up with a high “score” of exposure.

Robin spills the beans on a number of techniques industry uses to cheat on safety testing. Metastudies that compile statistics from multiple other studies can be twisted by mixing apples and oranges. When looking at toxic exposures of farmers, if you include studies of livestock farmers with crop farmers you are mixing two very different groups with very different exposures. The results of such a fruit cocktail will be meaningless. Manufacturers also like to keep their toxicology data secret, which doesn’t exactly inspire my confidence.

A strain of rats called Sprague-Dawley was “invented” about fifty years ago by Charles River Company. These rats reproduce robustly and are insensitive to estrogen. As you might imagine, chemical companies strongly prefer to use these rats in their studies of product safety, since endocrine disruption and estrogen dominance are associated with pesticide exposure. Studies on these test animals therefore prove exactly nothing. This is not an accident or an isolated mistake. This is conflict of interest at work. The industry then floods the literature with studies like this and you hear the words, “the majority of studies show...,” which may sound good to those impressed by consensus science. Again, this proves exactly nothing.

Sometimes you only need to see a brief excerpt from a study to get a good feel for the quality of work. One study would have us believe that they “took specimens of the uterus from male rabbits.” Another study recorded animal

A23LM as being alive at week eighty-eight, dead from week ninety-two through one hundred four, and alive again at week one hundred eight. Finally, mercifully, it died for the last time (we think) at week one hundred twelve.

Robin devotes many pages to the issue of cancer. Cancer is an ancient illness but occurred rarely until recently. It was non-existent in Alaskan natives, rare in parts of Brazil, Ecuador, Bolivia and equatorial Africa until those areas were compromised by civilization. Before most of us were born the causes of cancer were well-understood. Identical twin studies had been ruled out for genetic causes. It was known that benzene, arsenic, asbestos, synthetic hormones and radiation were causes. Having known all this for so long and, on top of that, Nixon declaring war on cancer in the early 1970s, how is it that cancer is still so prevalent? Epidemiologist Richard Clapp summed up the situation nicely. “The logic behind the precautionary principle runs counter to the private interests of the pharmaceutical industry, for whom cancer is the crab with the golden claws. And those who sell us drugs to treat our chronic diseases are the same people who polluted us, and continue to pollute us. They’re winning on all fronts.”

The conflict of interest goes beyond industry doing its own product safety studies. The regulators for the most part come from industry. The scientists who evaluate food safety or contamination issues for WHO or FAO are usually retired or have spare time and are not the best around. The best have better things to do. When industry is asked for data, they provide it—mountains of it. It would take years to go through all of it. The whole system was created by industry for industry. On top of all that there is a deceptive snowball effect. Corporations like to tout their products as approved by every food safety agency in the world, or at least most of them. However, that doesn’t really mean they all independently studied the product. If the FDA approved it, often Health Canada, European and other agencies rubber stamp that approval. If the FDA dropped the ball (gee, that never happens) then it gets dropped all over the world. Many food safety officials are clearly more concerned about industry wellbeing than your safety. A senior EFSA (European Food Safety Association) official said that banning aspartame would be impossible not just because of the impact on the industry but the food safety system itself would lose all integrity if it admitted to such a huge mistake.

For all these and many other reasons it should be clear that the system needs a major overhaul and that will not happen if we are counting on the current batch of experts to do the job. This book does do a good job of collating information from at least one hundred books, archives of lawyers, NGO experts and personal interviews across ten countries. The thumb is UP.

Review by Tim Boyd

All Thumbs Book Reviews

Altered Genes, Twisted Truth

Steven M. Druker

Distributed by Chelsea Green Publishing

This tome has received rave reviews from a number of luminaries, described as one of the most important books of the last fifty years, a compelling page-turner. I can't promise this would be a page-turner for everyone but it does a fantastic job of clearing the fog surrounding the murky topic of genetic engineering. Druker gives a detailed blow-by-blow account of how GMO food has been foisted on the world as foretold in the book's subtitle: "How the Venture to Genetically Engineer Our Food Has Subverted Science, Corrupted Government and Systematically Deceived the Public."

One key to success in the approval of GMO food is corruption at the FDA. Not only did the agency ignore many of the scientific details, they ignored the law. Contrary to popular belief, there is no legal requirement for consumers, FDA, or anyone else to prove new foods or additives are dangerous. Rather, the producers of the new Frankenfoods must prove that they are safe. That has not even remotely been accomplished. One of the favorite industry arguments is that genetic modification is not only safe but can't be dangerous. One of the first instances of genetic tinkering that was released for public consumption was an L-tryptophan supplement. It was a disaster. People died. Others were made severely ill.

In another case, Germans developed a soil bacterium called *K. planticola* that they hoped would increase ethanol production. When put to the test, all plants exposed to it died. Because *K. planticola* is involved in the root systems of all plants and multiplies rapidly, some scientists believe that its release into the wild could conceivably wipe out all life on the planet. So much for the claim of inherent safety of GMOs.

The Reagan era of relaxed regulation abetted GMO acceptance nearly everywhere in this country. Industry also managed to win the favor of prestigious scientific institutions like the Na-

tional Academy of Sciences (NAS). It has gotten to the point where anyone who questions the wisdom of genetic engineering is quickly and viciously labeled anti-science. Those who issue such statements seem not to notice the obvious hypocrisy. How dare you question our sacrosanct scientific paradigm, you unwashed heathen? Science in the U.S. for the most part no longer studies different views objectively but picks the one that suits the prevailing agenda and makes the most money. The science card has been played to the hilt. It has become a religion. The NAS headquarters is referred to as the temple of science.

Eisenhower made a well-known and prescient statement about the dangers of the military-industrial complex. That was just part of a larger, perhaps more important point. He spoke of the rapidly increasing interconnection between scientists and government, and the danger that public policy would become if captive to a scientific-technological elite.

Druker details many arguments that reveal the insanity of genetic engineering. It is the technological argument he makes toward the end of the book that I find most compelling.

Most would agree that the analogy comparing DNA to computer software is about as good as we can do. I think most would also agree that comparing human-generated software to DNA code is like comparing a paper airplane to the starship Enterprise. The difference is actually more extreme than that but that's the best I can articulate.

Druker goes into some detail describing how software is developed, maintained and repaired. As a computer engineer with much experience in the field I can certify that he is right on. He has done his homework well. Newbie software programmers are prone to writing what we call spaghetti code. Spaghetti code is very unstructured, complicated and unreadable, even to the person who wrote it. The code is so interconnected and elaborate that even the tiniest change can completely wreck it.



Science in the U.S. for the most part no longer studies different views objectively but picks the one that suits the prevailing agenda and makes the most money.

All Thumbs Book Reviews

Software companies rigorously avoid such code because it is impossible to work with. They have developed ways to structure code using manageable subroutines with well-defined functions, inputs and outputs. The longest and most difficult part of the software development process is not writing the code but testing and debugging it. Changes and corrections of bugs have to be carefully and extensively tested. If you don't understand the code thoroughly, you cannot and will not do it right. Even when you understand the code, things can go horribly wrong. Reputable software developers carefully store copies of previous versions of programs because, despite the utmost care, a change to a program can result in such a mess that it is easier to go back to a previous version and start over than it is to fix the fix.

As I pointed out earlier, to say DNA code is complicated is a gross understatement. It turns out that Mother Nature is the ultimate spaghetti coder. Richard Strohman, professor of molecular and cell biology at the University of California, Berkeley called it "transcalculational," which is a mathematical term for mind boggling. DNA sequences will do different things depending on where they are in the strand. They can be turned on and off by epigenetic factors. It took years and the development of a few generations of supercomputers to map the human genome.

For many years most of the DNA was considered junk until they figured out that it is not junk. It is very important.

If that's not complicated enough, in recent years they have discovered that DNA codes have several levels of meaning. One DNA code not only specifies amino acids but also transcription factor recognition sites. What is that? As I said, it's complicated. We have one language written on top of another language. This is a feature software engineers never dreamed of and multiplies the complexity by orders of magnitude. Codons with two functions are called duons. There may even be codons with three functions, which would be called trions (add a few more orders of magnitude of complexity). There may even be codons with five functions. They would be called quintons. And then there are bioengineers who think they can intelligently improve on this code! They would be called morons. Steven Druker correctly compares what they do to computer hacking, not engineering. I imagine that computer hackers have a better notion of what they are doing than bio-hackers.

Seriously, anyone who thinks for a second that they can understand and successfully modify such code is truly foaming at the mouth, barking mad. It is hard for me to imagine that history has ever seen such a transcalculational case of arrogance mixed with idiocy. Scientists in related fields have fallen for this lunacy. Richard Dawkins says, "The genetic code is truly digital, in exactly the same sense as computer codes. This is not some vague analogy, it is the literal truth... [genes] can be carried over into another species ...". And this guy is a leading scientist in his field?

There are speculations about the psychology behind the madness. Druker proposes that some scientists are driven by a moral imperative to feed the world. I mentioned religious fanaticism earlier. Druker points out that conventional breeding techniques have been shown to do better what biotechnology claims to do. I think we also have to consider the money-obsessed psychosis that permeates all corporations. My thumb is UP for this book, not for GMOs.

Review by Tim Boyd

CELESTE'S GARDEN DELIGHTS: DISCOVER THE MANY WAYS A GARDEN CAN NUTRUE YOU

By Celeste Longacre

It's fun to follow Celeste around in her garden, as described in this delightful book. Celeste's homesteading priorities dictated putting in her raised-bed garden before she got hot running water! She walks us through creating the garden, planting seeds, planting beds and planting in pots, then describes her gardening activities for every month of the year. She provides sections on each of the major vegetables, from asparagus to winter squash. We get practical advice for dealing with garden foes and for welcoming garden friends (mainly wasps, which eat aphids), as well as for composting and capturing rain water.

And what to do with all the bounty? We get basic instructions for storing and preserving by drying, freezing, canning and fermenting. The book closes with essays on building soil, keeping an inn, tending bees and renewable energy for the farm.

Beginners as well as old pros will profit from this attractive contribution to the gardening world. Thumbs UP.

Review by Sally Fallon Morell

All Thumbs Book Reviews

The Nourishing Traditions Cookbook for Children

Suzanne Gross and Sally Fallon Morell

Illustrated by Angela Eisenbart

NewTrends Publishing

The Nourishing Traditions Cookbook for Children is a beautifully illustrated picture book, healthy recipe cookbook and traditional food adventure guide all in one. Parents and teachers who have been frustrated working around the canned foods, microwaves, nutritionally poor recipes, and sugar-laden treats in other kids' cookbooks will be thrilled to use this book instead.

Why teach children traditional cooking? The authors state in the introduction, "Children are more likely to eat food they've helped prepare. . . . Knowing how to cook is just as valuable (in life) as knowing how to read or write. Food is one of our basic needs. And the quality of our food has a profound impact on our health and ultimately, the quality of our life. If we don't teach our children how to cook nourishing foods, who will?"

Keep her words in mind as we take a tour through the lie-flat-on-the-counter, spiral-bound, full-color, charmingly illustrated book.

First stop: the table of contents. Simple enough, it fits on one page yet boasts the most interesting and nutritionally balanced chapter titles your children may ever see in a cookbook — Incredible Eggs!, Mighty Milk!, Butter is Better, The Secret's in the Soup (ooh, a treasure hunt!), Friendly Ferments, and Meet Your Meat are just a few samples. Also note that instead of naming the cooking chapters as most recipe books do with types of dishes such as main dishes, side dishes, breads, etc., the authors opted instead to name most after food groups such as eggs, milk, butter or vegetables. I believe this move will help our children bond more deeply with the real food they cook and serve; I applaud this choice.

Before we talk about the cooking chapters, let's review the introduction, kitchen tools and measuring guide sections that start the book off

on the right foot. They are helpful for parents and children alike.

In the introduction, the authors address the importance of teaching children to cook and appreciate healthy traditional foods, while warning parents and teachers to be prepared up front for the mess that cooking with children brings. She says the mess and extra time spent is worth the investment so we can raise radiantly healthy children who know how to cook healthy foods themselves. Wise words.

The introduction's "Tips for Cooking with Children" is especially valuable, as the authors share common sense advice around re-organizing your kitchen with your children in mind. (I particularly enjoyed reading this because my co-teacher Jami Delgado and I say the same thing to parents in our online Real Food Kids class at Traditional Cooking School.) Other recommendations cover routines, how to include baby in the cooking, and a fun way to do meal planning with pictures.

The kitchen tools chapter is the first place you (and your children) will really benefit from Angela Eisenbart's lovely illustrations. As the authors list and explain the simple tools needed to prepare the traditional food recipes in the cookbook, Eisenbart adds the drawings that bring them to life. And I'm very glad the authors tell us we won't be needing a microwave to prepare anything in this book!

Our last stop before getting into the food chapters is the measuring guide section. Knowing how to measure food is an important skill. The book explains the differences between volume, weight and number with clear terms and examples that I'm sure kids will pick right up as parents read these pages with them. Eisenbart adds illustrations for every equivalent, as well as every principle, such as the importance of evaluating measured liquids at eye level for accuracy. The latter is depicted by a young girl eyeing a glass measuring cup.

Shall we dive into a cooking chapter now? Let's choose "Incredible Eggs!" by way of ex-



Parents and teachers who have been frustrated working around the canned foods, microwaves, nutritionally poor recipes, and sugar-laden treats in other kids' cookbooks will be thrilled to use this book instead.

All Thumbs Book Reviews

ample. The chapter begins by explaining why eggs are a very healthy food and asks the children where their eggs come from. Then the authors introduce the idea that healthy eggs come from healthy chickens who enjoy the same things as healthy children: sunlight, fresh air, exercise, and healthy food. (All beautifully illustrated by Eisenbart.) Other food chapters begin similarly—introducing the children to the food, explaining why it's a healthy food group, and giving suggestions of what to look for to get the best quality.

The egg chapter rounds out with delightfully illustrated recipes laid out in simple numbered steps. (I find the simple, illustrated recipe layout to be the best feature of this book—children will be able to follow along easily and with much enjoyment.) Recipes in the Incredible Eggs! chapter include Mexican scrambled eggs, hard and soft boiled eggs, deviled eggs, egg-dipped French toast, pizza omelet and eggnog. The authors chose the recipes well. Think of your children grown up. If they know how to cook eggs in all the ways this book teaches, they'll be perfectly ready to prepare any essential egg dish for their own future families.

This review can't cover every cooking chapter, so I will choose two more favorites. First, Vibrant Vegetables!. Glancing through the recipes—after reviewing the “why” behind vegetables' color and nutrition—you can't help but notice the appealing titles, bound to make kids super interested in eating what they prepare: Carrot Coins, Bright Broccoli, or Asparagus Brushes, for example. The chapter includes recipes for dressings and sauces.

Last, I want to show you inside the Super Snacks! chapter. The authors point out that growing bodies need lots of vitamins, minerals, healthy fat, protein and other nutrients. Besides healthy breakfast, lunch, and dinner,

in-between meal hunger should be satisfied with healthy snacks—and this chapter provides many delicious and nutritious snack recipes for nuts and seeds, vegetables, dips, homemade chips, popcorn, crackers, fruits and even Popsicles. Parents who bemoan the lack of healthy snacks that appeal to children need look no further.

Though we won't go in-depth, I would be remiss if I didn't point out the amazing traditional cooking education that's contained within the pages of *The Nourishing Traditions Cookbook for Children*. If you want to introduce your children to nutrient-dense staples of the traditional food lifestyle such as raw milk and cultured dairy; ferments; broth-based soups; pastured meats; traditional grain preparation methods such as soaking, sprouting, and sourdough; and naturally- and low-sweetened desserts, this book is the perfect vehicle to help kids discover traditional cooking—and to begin a life-long devotion to the delicious, healthy food they'll create.

About the reviewer: Wardeh (Wardee) Harmon is the lead blogger and teacher at Traditional Cooking School by GNOW-FGLINS. She is the author of numerous traditional cooking eBooks as well as “The Complete Idiot's Guide to Fermenting Foods” which received a thumbs-up review in the Wise Traditions Journal of July 2012. More info about Traditional Cooking School is available at: TraditionalCookingSchool.com.

VACCINE EPIDEMIC

Louise Kuo Habakus, MA and Mary Holland, JD

Subtitled "How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health and Our Children," *Vaccine Epidemic* makes important contributions to the vaccine controversy. Short and very readable chapters cover a range of topics including our legal rights to refuse vaccinations, the need for more research on vaccine side effects, several moving stories of vaccine injuries, vaccine adjuvants and the pharmaceutical industry.

Outstanding among the essays is "The Vaccine Bubble and the Pharmaceutical Industry," by investment analyst Michael Belkin, whose daughter died after administration of the hepatitis B vaccine five weeks after birth. His FOIA request for safety data on the HepB vaccine has never received a reply.

Belkin concludes that vaccine manufacture and promotion is a pseudo-science, used to expand the vaccine market as the drug companies face the impact of one hundred forty billion dollars that will be lost when blockbuster drug patents expire. Expansion of the vaccine market is the industry strategy for filling this gap. Belkin demonstrates how the whole phenomenon is a bubble—promoted with using intimidation and fear, but a bubble that will pop nevertheless. He believes that post-bubble forces will unleash a massive reform and bring the perpetrators of this vaccine bubble and the epidemic of neurological damage to justice. It can't happen too soon!

Other chapters by James Turner, JD, Sherri Tenpenny, DO, AOBNMM, Andrew Wakefield, MD, BS, FRCS, FRCPath, and many others with lots of initials behind their names, are equally compelling. This is an important book, one that can be used to educate those who are undecided on the issue of vaccines. Thumbs UP.

Review by Sally Fallon Morell

All Thumbs Book Reviews



***There Is a Choice: Homeoprophylaxis*
Cilla Whatcott and Dr. Isaac Golden
CreateSpace Independent Publishing Platform**

The publication of Whatcott's second book on homeoprophylaxis couldn't be better timed. This book offers an alternative to vaccines at a time when parents who refuse vaccination find themselves vilified and exemptions are under attack across the country. It is critical that those of us who object to vaccines have a choice about how to protect ourselves and our families against disease.

All alternative health practitioners should read this book—and re-read it. Only when committed practitioners like Whatcott lead the way will we break free of the black-and-white paradigm of all or nothing when it comes to vaccination. By offering a viable third way to obtain immunity, we can end the demonization of parents who choose not to be part of the herd.

As a Weston Price devotee, I believe in building immunity with the body's own resources and abilities. Just like plants, the "soil" our bodies grow in must be healthy to make them healthy. Our own soil is created with nutrients, good water, love, sunshine and by saying "no thanks" to processed foods and toxins. With this mindset, we think twice about so many modern-day interventions, including vaccines. Our family decided vaccines did not fit our approach.

So few in North America realize homeopathy is successfully creating immunity around the globe. Government health departments worldwide use HP, even in the face of epidemics. This is a tried-and-true method, first developed by the founder of homeopathy, Samuel Hahnemann, over two hundred years ago.

There is a Choice: Homeoprophylaxis—An Appeal to Mothers begins with a foreword by Dr. Isaac Golden, PhD, ND, BEC (HON), an Australian health practitioner who for the last two decades has implemented HP with his patients and recorded the results. Whatcott devotes

a whole chapter of her book to Dr. Golden, and accords him pioneer status, inasmuch as he is the first in the world to offer HP as an alternative to the government-recommended vaccine schedule.

Whatcott is an adoptive mother; her firsthand experience with vaccine injury propelled her to discover the problems inherent in our current medical paradigm, and to seek answers. Her book begins with her personal journey then moves on to discuss the "big business" of vaccines and their harms and risks.

The most revelatory aspect of her book is the global perspective the author offers on the homeopathic option. In her chapter on historical evidence, she quotes from a World Health Organization document which states that homeopathy is the second most utilized system of health care in the world. She goes on to report on the many success stories throughout history where HP was effectively used to protect large populations from numerous diseases. Whooping cough, flu, polio, diphtheria are among them.

Whatcott explains how homeoprophylaxis works with ease. She details how to use HP in lieu of the allopathic regime. Thus, she equips us with a new way to deal with the controversy surrounding vaccines.

Whatcott is the organizer of a conference where experts from around the world will share their positive findings of HP for protection against disease (HPWorldWideChoice.com).



Rita Palma is the founder of MyKidsMyChoice.com and has been working for years with the New York state legislature on protecting parental health freedom. You can read her story on hartkeisonline.com/2009/02/03/

DR. CHRISTINE CORRIE "CHRIS" DECKER (1953 - 2015)
Chapter leader Dr. Christine Corrie Decker of Sunderland, Massachusetts died Thursday, May 28, 2015, at Fisher House Hospice in Amherst. Dr. Decker was a well loved and highly respected naturopathic physician who maintained offices in both Massachusetts and Vermont. She was well known for her entertaining and informative lectures and also for dispensing practical advice in the nutritional column which she maintained on her Facebook page. She will be truly missed by all whose lives she touched.

Tim's DVD Reviews

Trace Amounts: Autism, Mercury, and the Hidden Truth

Eric Gladen

Faze Films Production

Autism affected one in ten thousand children in the United States up through the 1980s. In the 1990s it jumped to one in five hundred. In 2000 it was one in two hundred fifty. In 2007 it was one in one hundred fifty. In 2014 it was one in sixty-eight. Some might consider this trend worrisome.

Eric Gladen, the producer of this video, gives viewers a tour of the disease from his first-hand experience. He rather suddenly developed symptoms of autism just after receiving a tetanus shot. This is unusual for a twenty-nine-year-old man. He set out to study what happened to him. After spending some time he came up with a number of factors that all pointed to one thing: mercury.

It was shortly after thimerosal (a preservative containing mercury) was invented that the first official case of autism was documented. Eric's case came just after a mercury-laden tetanus shot. With a mercury detox protocol he was able to recover, but then suffered a relapse after exposure to broken fluorescent light bulbs (which contain mercury). The sudden rise in autism cases in the 1990s occurred just as the vaccine schedule was greatly expanded to include more vaccines and the mercury that goes with them.

There are at least two notable groups in the United States that seem to be largely autism-free: the Amish and a group of many thousands of homeschooled children. Both groups forego vaccines. Boys are several times more likely to be autistic than girls. Studies show that mercury combined with testosterone is much more toxic. Other studies have shown that some people have higher glutathione levels than others. Those with the higher levels are less likely to be autistic.

One might argue that this is all circumstantial evidence. Perhaps so, but there is enough of this evidence to make it impossible to justify the

claim that the science is settled and there is no danger involved. Nothing else has been identified that explains all those associated factors.

The video shows a brief scene which goes by quickly and the people in it are not clearly identified but I believe it was Matt Lauer interviewing a doctor on the subject of vaccines. He is barely able to make a point about the controversy surrounding vaccines before she starts babbling irrationally that there is no controversy. Mr. Lauer is somewhat incredulous as he tries to point out they are, as they speak, arguing. How is that not controversy? But no, she insists there is no controversy. Either she doesn't understand what that word means or she has her head so deeply buried in the sand (or money) that she can't hear him. Medical authorities like her will warn pregnant women against eating fish while urging them to get that flu shot.

We also see leading vaccine pusher Paul Offit's smug little face making equally irrational noise. He demonstrates his complete ignorance of what conflict of interest means when he claims to have none. He claims the increase in autism is due to better diagnosis but that doesn't explain where all the thirty- to forty-year-old adults with autism are hiding. He refers to a study by William Thompson of the CDC as definitively establishing the safety of vaccines. In fact, that study explicitly *excluded* autism from consideration.

Gladen makes it clear that this is not a movie about vaccines but about mercury. He makes the point that mercury is only used as a preservative and not functionally necessary for a vaccine. It is the cheapest option, which tells you what mercury in vaccines is really about. It's not the greater good but the greater greed. Much more could be said about vaccines but that is beyond the scope of this movie and this review. Thumbs UP.

Vaccine manufacturers are inspired not by the greater good but by the greater greed.

Tim's DVD Reviews

***Tongue Signs of Nutritional Deficiencies/
Fingernail Signs of Nutritional Deficiencies***
Donna Wild
Weston A. Price Foundation

This audio presentation from our international conference of 2014 details some interesting ways to diagnose health problems and nutritional deficiencies without resorting to X-rays, lab tests or other unpleasant medical abuse. Fingernails and the tongue provide many clues and along with skin conditions and other symptoms can often pinpoint the deficiency problem.

Speaking about the fingernails first, there are many symptomological examples in this presentation. Hangnails indicate a magnesium deficiency. Slow growing nails could be due to insufficient manganese or protein. Ridges could be caused by lack of vitamin F. White spots can be caused by lack of zinc or excess sugar and carbohydrates.

What does it mean when your lunula are missing? What are lunula? Well, if you don't have enough lunulas, you may have low cellular oxygen or circulation problems. You might also be taking too many antioxidants. Many believe you

can't get too many antioxidants. Many popular beliefs are wrong so, like the bumper sticker says, don't believe everything you think. Contrary to popular belief you don't want to soak up all the antioxidants you can get.

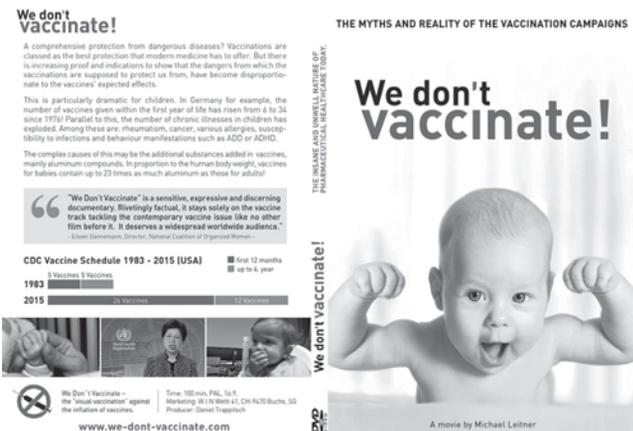
The tongue can also tell you many things without making a sound. The top layer of epithelial tissue is replaced every two to three days so it can quickly indicate changes in the body.

The tongue can take on all kinds of colors and textures. If it is purple you may have a vitamin B₂ deficiency—or perhaps you just ate some blueberries. If it is red, inflamed and glossy you may have a vitamin B₁₂ deficiency. Lack of B₁₂ will cause forgetfulness, depression, confusion, and muscle weakness and instability. A pale tongue could be caused by a lack of iron.

Fissures and cracks all over the tongue can occur in cases of advanced vitamin B deficiency. Yeast infections can show up as geographic tongue. Donna Wild gives us a simple test for yeast infection that only requires a glass of water. This presentation is certainly worth getting to learn more details. It is loaded with health and nutrition information and the thumbnail is up. 

The tongue can also tell you many things without making a sound.

WE DON'T VACCINATE



We don't vaccinate!

THE MYTHS AND REALITY OF THE VACCINATION CAMPAIGNS

A comprehensive protection from dangerous diseases? Vaccinations are classed as the best protection that modern medicine has to offer. But there is increasing proof and indications to show that the dangers from which the vaccinations are supposed to protect us from, have become disproportionate to the vaccines' expected effects.

This is particularly dramatic for children. In Germany for example, the number of vaccines given within the first year of life has risen from 6 to 34 since 1970! Parallel to this, the number of chronic diseases in children has exploded. Among these are: rheumatism, cancer, various allergies, susceptibility to infections and behaviour manifestations such as ADD or ADHD.

The complex causes of this may be the additional substances added in vaccines, mainly aluminum compounds. In proportion to the human body weight, vaccines for babies contain up to 23 times as much aluminum as those for adults!

“We Don't Vaccinate” is a sensitive, expressive and discerning documentary. Rivetingly factual, it stays solely on the vaccine track tackling the contemporary vaccine issue like no other film before it. It deserves a widespread worldwide audience.”
 —Eileen Conner, Director, National Coalition of Organic Farmers

CDC Vaccine Schedule 1983 - 2015 (USA)

1983	5 Vaccines	5 Shots
2015	19 Vaccines	12 Shots

Time: 100 min, PAL, 16:9
 Marketing: W3 Films LLC, CH-9470 Buchs, SG
 Producer: Daniel Trappach

www.we-dont-vaccinate.com

A movie by Michael Leitner

We Don't Vaccinate is a sensitive, expressive and discerning documentary. Rivetingly factual, it stays solely on the vaccine track tackling the contemporary vaccine issue like no other film before it. Out of Germany, the originating homeland of Merck & GlaxoSmithKline, Michael Leitner's documentary, *We Don't Vaccinate* deserves a widespread worldwide audience so that the mass hypnosis which allows these pharmaceutical companies to commit crimes against humanity can finally come to an end.

\$3.00 to rent, \$8.00 to download
vimeo.com/ondemand/wdv

Monica's Real Food for the Modern World

REAL FOOD FOR REAL KIDS IN THE REAL WORLD

By Monica Ford

Do you know a child in need of healing? If so, you might know a parent whose perpetually muttered mantra is “Calgon, take me away.” It’s a very busy world. Modern life has become packed with extra-curriculars in the guise of obligations that it can seem like cooking meals from scratch is a far-off fantasy.

So when we prioritize our family’s health carving out time to make nourishing foods for our loved ones, it’s a *big* deal. It requires precious resources of time, energy, money, patience and love. And for many parents, it’s also a risk. Will your family eat the food of our wise ancestors? Will your child open her lunchbox at school and be dubbed the weirdo?

Some learned about a nutrient-rich, ancestral cuisine early enough to train their children’s palates to love pâté and sauerkraut. Others must re-train their child’s palate. Your children may be prone to strong opinions about food or may want to eat food that looks like their friends’ food.

Kids are resilient and I’m not saying “weird” is by definition bad. But sometimes, it’s nice not to have to explain your lunch and even to have a lunch that the other kids might want. Sometimes, it’s nice to fit in...just a little.

FOOD CAN BE KID-COOL

Food can be delicious, nutrient-rich and kid-cool *at the same time!* And it can look like the food all the other kids are noshing! The prep doesn’t have to be complicated or time-intensive.

Transforming traditional food wisdom into yummy kiddo meals is not only a huge boon for kids but for parents too. Check out my real-world tips for making good food for your family:

1. **Make Your Plan.** Planning is the cornerstone of low-stress meal preparation. I encourage you to start by planning a few major meals in your week—like your children’s lunches or weekday dinners. Don’t know where to start?

Invest in a meal planning service. I love the affordable and realistic service at RealPlans.com. You can find a plan that works for your family.

2. **Batch Cooking.** Never make a dish for one meal when you can make it for five. This is life-changing! Once you fully incorporate batch cooking into your life, you will not need to cook every day. As part of your planning, designate a day, half of a day or even 2 hours to batch cook. Ease into it. If you do this once a week or even twice a month, you will create more free time to spend with family!

What might a half day of batch cooking look like?

- Shop for the ingredients on an earlier day so that you won’t start cooking with less energy.
- Pop a pork roast in the slow cooker for dinner tonight and pulled pork tacos later in the week. Got two crock pots and a place to store the meat? Make two!
- Start a large batch of soup to be portioned out and frozen. Don’t be afraid of a twelve to twenty quart stock pot. If you can store the frozen soup, it will be a welcome dinner later.
- Make a batch of jello for school lunches.
- Make pickles.

3. **Community.** Do you long for adult conversation but don’t have the time? Schedule a day to batch cook with like-minded friends! People used to have naturally occurring community built around food. That can exist in our modern world too, if we create it. There are other parents in your community who are struggling with the constraints of modern life and health just as you are. Find them and invite them to batch cook. Imagine batch cooking with another who makes something different and you share the bounty. What if there are three or four batch cookers together? You can even cook separately at home but share the fruits of your labor.

Modern life has become so packed with extra-curriculars in the guise of obligations that it can seem like cooking our meals from scratch is a far-off fantasy.

4. Make friends with your inner child. You may not have a lot of love for huge processed food companies and their red dye 40 but, one thing they are right about is making food fun! Nutrient dense food can be just as fun, colorful and kid-centric as the plastic food on supermarket shelves. Give yourself permission to serve up quality chicken nuggets and BBQ dipping sauce, gummy bears and soda. Check out our website for fun kid-centric recipes and make good food fun again: realfooddevotee.com

I am honored to share an easy way to get more bone broth into picky kiddos here and now. Get started with two great kid-centric recipes.

Make your own delicious and nutritious chicken nuggets. You can prep many ahead and freeze them to use for quick nutrient dense lunches later. We'll pair it with MMMMMMM BBQ dipping sauce.

I want to support you! Sharing is a way we grow. On my site, I regularly post real food recipes to support busy parents. Visit the site, if you'd like to know how to make effervescent fermented sodas, the best pickles, incredibly delicious yogurt or bone broth that kids love. It's become a specialty of mine to dress incredibly healing foods which have a less-than-hip reputation in a delicious, kid-friendly and—dare I say—cool package. Get real. Be well. 

Monica Ford is the founder of Real Food Devotee, an Ancestral Cuisine Delivery service in Los Angeles. realfooddevotee.com

HOMEMADE CHICKEN NUGGETS

- 2 lbs chicken breast*
- 2-3 eggs**
- 1 cup blanched almond flour
- 2 tablespoons arrowroot
- 2 tablespoons Pecorino Romano
- 2 tablespoons chopped dehydrated onions
- 1 ½ teaspoon unrefined sea salt
- 1 teaspoon granulated garlic
- 1 teaspoon nutmeg
- ¼ teaspoon cayenne
- Chop chicken into two inch nuggets.
- Using a whisk or fork, mix blanched almond flour and all spices in one bowl.
- Beat eggs in another bowl.
- Submerge each chicken nugget in egg wash and then dredge in almond flour/spice mixture.
- Carefully lay each nugget on a parchment-lined baking sheet. Do not crowd.
- Bake in oven preheated to 400° 25 minutes or until golden brown.

*You may use dark meat but I find breast meat gives you the classic chicken nuggets to perfection.

**This is a good place to use extra egg whites.

BBQ DIPPING SAUCE

I admit it. I loved it when my parents would let us have chicken nuggets from the golden arches! MMMMMMM BBQ dipping sauce! Connecting to my inner child helped me to come up with this sneaky way to get kids to eat more bone broth. I make a big batch and freeze small portions. We use it as a spread on sandwiches, grassfed hotdogs, hamburgers and with homemade chicken nuggets. You can prep many ahead and freeze them for quick nutrient-dense lunches later.

- 1-finely diced white onion
- 4 cups beef bone broth
- 2 cups molasses
- 2 tablespoons celery salt
- 3/4 cup spicy mustard
- 1 1/2 heads of garlic, shredded
- 1/2 cup apple cider vinegar
- 1/2 teaspoons allspice
- 3 cups tomato paste
- 3 teaspoons horseradish
- Heat onions and garlic in 4 cups bone broth on medium stove heat.
- Turn stove heat down to low.
- Add all other ingredients, and combine completely by stirring.
- Cook for 45 minutes to 1 hour, stirring occasionally.
- At this point, test the thickness of your sauce. When you're happy with the consistency, remove it from the heat.
- If you want a thicker sauce continue to cook down with occasional stirring.
- If you want a thinner sauce, add 1/4 cup bone broth or water at a time until you reach the desired consistency.

YIELD: 3 quarts

Legislative Updates

FDA UNDERMINING THE TESTER-HAGAN AMENDMENT YET AGAIN

By Judith McGeary, Esq.

Past articles in *Wise Traditions* have discussed the federal Food Safety Modernization Act and the Tester-Hagan amendment at great length. The focus has been on the high-profile aspects, particularly the extensive new regulations that will be issued and the exemption for small-scale, direct-marketing producers from many of these.

Another aspect of the Tester-Hagan amendment has received far less attention, but could also have very significant impacts on local food producers. This issue dates back to 2002 and the passage of the Bioterrorism Act. In that statute, Congress directed the Food and Drug Administration (FDA) to require every business that holds, stores, processes, or manufactures food—termed a “facility”—to register with the agency.

Between 2002 and 2010 (the passage of the Food Safety Modernization Act), few people paid much attention to the issue of facility registration. The registration was free and more notable for its lack of enforcement than anything else. In fact, many small businesses that were legally required to register never even knew of the requirement.

The Food Safety Modernization Act (FSMA) raised the issue of registration to a very different level. Under FSMA, facilities that have to register under the Bioterrorism Act also have to develop extensive paperwork safety plans, called a Hazard Analysis and Risk-Based Preventive Controls plan (HARPC), conduct environmental testing, and more. If a business doesn't have to register as a facility, then these new requirements of FSMA don't come into play.

So who is a “facility”? The starting point is that anyone who holds, stores, manufactures, or processes food is a facility, unless it is for personal consumption or otherwise specifically exempted. Congress exempted “farms” and “retail

food establishments” in the Bioterrorism Act, but left the definitions of these entities to the FDA.

The FDA's definition of “farm” was incredibly narrow, only covering producers who did absolutely no processing of any kind; even drying fruit or creating a salad mix was enough to classify a farm as a facility and trigger the registration requirement.

FDA's definition of “retail food establishments” was broader, encompassing any establishment whose primary function was to sell directly to consumers, determined by whether the business sold more than half of its products directly to individual consumers (not businesses). However, since the Bioterrorism Act focused on registration of each location, the sales had to occur at the same location as the food processing in order to qualify. In other words, a business that made jams in a commercial kitchen and sold them directly to consumers at the same location would be a retail food establishment; but if the same business sold the same jams at a farmers market, instead, it would not be a “retail food establishment”—and would have to register with FDA.

This issue had not gained much publicity because of the lack of enforcement and because registration was not a great burden. With the proposal of the new requirements in FSMA, however, it became a significant threat for direct marketing producers.

To address this problem, a section of the Tester-Hagan amendment to FSMA modified the scope of the registration requirement. The amendment directed FDA to amend the definition of retail food establishment to “clarify” that “the sale of food products directly to consumers by such establishment and the sale of food directly to consumers by such retail food establishment include” sales at locations such as roadside stands

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and farmers markets, through community supported agriculture (CSA) programs, and “any other such direct sales platform” FDA identifies. Note that this was in addition to the exemption created in the Tester-Hagan amendment from the new HARPC requirements for small, direct-marketing producers; that exemption is both narrower and broader than the retail food establishment one, since it only covers those with sales of less than half a million dollars annually, but includes sales to local restaurants and retailers within the umbrella of “direct sales.”

The Tester-Hagan language clarifying the definition of retail food establishments addressed all food businesses. But when FDA proposed regulations on facility registration this spring, it limited this provision to just those businesses that are located on farms. This would leave many direct marketing artisan food producers within the definition of “facility” and subject to extensive regulation.

The FDA further limited the scope of the amendment by restricting roadside stands and farmers markets to farmers only. While the majority of the vendors at a market should be farmers for it to be classified as a “farmers market,” artisan food providers have an important role in these markets. There are very few farmers markets in the country that have only farmers, and limiting the definition in this way significantly undermines the scope of the exemption.

In addition, for those businesses that must register, the proposed rule requires electronic registration and a contact email address. The proposed rule also requires that every food business also register with Dun & Bradstreet’s system to get a universal number, which is then also filed with the FDA. These new requirements will burden small food businesses whose owners do not have convenient Internet access or use email regularly, whether for religious or practical reasons.

The Weston A. Price Foundation sent out a public action alert to encourage individuals to submit comments to FDA on this issue, and is also submitting its own comments as an organization. As with the rest of the proposed FSMA rules at this moment, we now wait to see how FDA responds.

WHO DECIDES OUR LAWS?

While trying to influence laws and regulations at the federal level is difficult, it pales in comparison to the fights in international forums. The grassroots has no meaningful access to decisionmaking in these forums, creating the perfect opportunity for large multinational companies to write the rules to suit themselves.

This fact was displayed yet again in May when the World Trade Organization (WTO) issued its latest decision: labels that tell Americans what country our food comes from is a “trade barrier.” This ruling leaves the U.S. vulnerable to trade sanctions and penalties if it continues to enforce its domestic law for Country of Origin Labeling (COOL). Similar claims have been rejected in the U.S. courts, but the WTO was not bound by those rulings.

COOL was a significant victory for American farmers and consumers in the 2008 Farm Bill, and the vast majority of Americans support it. Yet, bowing to the demands of the WTO, the U.S. House Agriculture Committee swiftly voted to get rid of COOL in June. (We are hopeful that we can fight it in the Senate, so our work is not over yet.)

The continuing assault on common-sense U.S. food labels is just another example of how corporate-controlled trade policy threatens to undermine basic protections for Americans. And if the Trans-Pacific Partnership (TPP) is approved, there could be more of these kinds of international challenges to our democratically enacted laws.

Documents leaked earlier this year show that the secretive TPP trade agreement would dramatically expand the power of corporations to use closed-door international courts to challenge our domestic laws. Specifically, the documents confirm reports that the TPP, as currently drafted, includes the infamous “investor-state dispute settlement” system (ISDS). This system gives multinational companies the right to sue governments, and therefore taxpayers, in international courts. This goes even further than many of the current trade agreements, in which only sovereign nations are allowed to bring claims to international tribunals.

Under the ISDS, the companies can claim loss of “expected future profit,” and the inter-

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The ISDS tribunals operate largely in secret and do not meet the same standards as our domestic courts.

national courts will have the power to overrule national laws and judicial systems.

ISDS provisions have admittedly been included in some treaties for decades. The concept was developed due to concerns that third-world countries did not have appropriate judicial protections against their government's appropriating land or equipment, placing first-world companies at risk if they entered into commerce in those countries. These provisions were narrowly drawn and very rarely did any company take advantage of them. Between 1960 and 1990, only about fifty cases total were brought under ISDS provisions during the entire three decades. But with the newest trade agreements, their use has exploded; companies have brought about fifty ISDS cases each year since 2011.

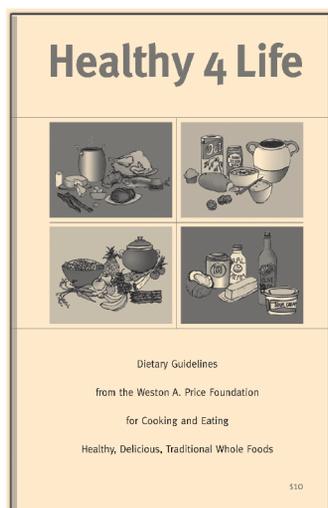
The ISDS tribunals operate largely in secret and do not meet the same standards as our domestic courts. For example, lawyers could rotate between acting as judges in the tribunals and acting as advocates for companies bringing suits in the tribunal! Such dual roles would be deemed unethical in the American, and most other, judicial systems.

Even if the local, state, or federal laws are

designed for legitimate public objectives, such as the protection of public health, safety and the environment, the corporations will still be able to sue. "Buy Local" preferences, energy and environmental policy, financial regulations, consumer labeling and more could be overturned by international courts in the name of corporate profits.

In late May, the Senate approved a bill to "fast track" trade agreements such as the TPP. Fast Track would allow trade agreements like the TPP to be approved by Congress with no amendments and essentially no debate. Not only is this bad policy making, it's an abandonment of Congress' constitutional role in international agreements.

Unfortunately, fast tracking international trade agreements appears to be one of the few issues on which the Republican leadership agrees with President Obama. However, some of the Tea Party members are allying with Democrats who oppose the deal. The Senate vote was much closer than predicted, raising hopes that we can in fact stop Fast Track in the House. Please keep an eye out for action alerts from WAPF and speak up on this important issue! ☺☺



HEALTHY 4 LIFE: WAPF DIETARY GUIDELINES AND RECIPE BOOK

Our colorful 84-page guidelines booklet with recipes provides sensible, science-based guidelines. Instead of complicated formulas involving calories and grams, which most people don't understand, we simply recommend including high-quality foods from four food groups in the diet every day. The good groups are:

- Animal foods, including meat, dairy, seafood, and bone broths;
- Grains, legumes and nuts—properly prepared;
- Vegetables and fruits, including lacto-fermented products;
- Healthy fats and oils, including butter, lard, coconut oil and cod liver oil.

The reaction to this publication has been very positive. It is suitable for use in schools and other programs. To order online, go to westonaprice.org. Booklets are \$10 each or \$6 each for orders of ten or more. Now available in Spanish!

Soy Alert!

SOY AND ASTHMA: MORE BAD NEWS FOR THE SOY INDUSTRY

By Kaayla T. Daniel, PhD, CCN

Soy does not help people suffering from asthma. That was the conclusion of a study published in the May 26 issue of *Journal of the American Medical Association* (JAMA). The researchers said they were “disappointed” because they had hoped that soy would prove to be a safe, non-toxic and inexpensive alternative to asthma medications.

According to the Environmental Protection Agency (EPA), 25.9 million Americans, including one in eight children and one in twelve adults, suffer from asthma, at an economic cost of at least fifty-six billion dollars per year in direct costs for hospital visits, doctors and drugs and in indirect costs from lost school and work days. Experts say they do not know why asthma rates have been steadily increasing over the past twenty years; most think the best that can be done is to educate people and medicate symptoms. As Thomas R. Frieden, MD, MPH, Director of the Centers for Disease Control (CDC), put it, “Asthma is a serious, lifelong disease that unfortunately kills thousands of people each year and adds billions to our nation's health care costs. We have to do a better job educating people about managing their symptoms and how to correctly use medicines to control asthma so they can live longer, more productive lives while saving health care costs.”

Could soy come to the rescue? Lewis J. Smith MD, of the Department of Medicine at Northwestern University, and colleagues hoped so. They thought the soy estrogens known as isoflavones would help adolescent and adult patients suffering from poorly controlled asthma because asthma rates are lower in Asia where they assumed that people consume massive amounts of soy. (In fact, in most of Asia, soy is consumed in small quantities as a condiment in the diet and not as a staple food.) The researchers were also inspired by *in vitro* studies that showed soy genistein can reduce eosinophil inflammation, an important factor in asthma. As quoted in *Science Daily*, Dr. Smith said, “There was enough epidemiological and biological evidence data to support looking at this association.”

Smith and his team carried out the randomized, double-blind, placebo-controlled clinical trial between May 2010 and August 2012 at nineteen adult and pediatric pulmonary and allergy centers in the American Lung Association Asthma Clinical Research Center's network. They randomly assigned one hundred ninety-three patients to receive a soy isoflavone supplement containing 100 mg of total isoflavones and one hundred ninety-three patients to receive a placebo, and did blood tests to prove the subjects



The researchers said they were “disappointed” because they had hoped that soy would prove to be a safe, non-toxic and inexpensive alternative to asthma medications.

UPDATES ON SOY LITIGATION

SOY PRISON LAWSUIT: On February 25, 2015, Judge Baker of the United States District Court for the central district of Illinois cited conflicting scientific evidence when he dismissed the claim of Harris and others that the feeding of too much soy constituted a violation of their Eighth Amendment constitutional rights. With the backing of the Weston A. Price Foundation, Harris and the other plaintiffs will appeal to the Seventh Circuit United States Court of Appeals, located in Chicago.

SOY LABELING PETITION: In 2008, WAPF sent a citizen petition to the FDA urging regulators to withdraw the claim that soy could prevent heart disease. After more than six years and no response from FDA, WAPF is suing the agency to address the petition. After meetings with FDA officials and James Turner, Esq, the Foundation's general counsel, the FDA promised a reply within six months.

actually took the soy supplement. The patients were all older than twelve years, non smokers, non soy eaters and regularly taking asthma medications (either inhaled corticosteroids or a leukotriene modifier).

After twenty-four weeks, the soy isoflavone-taking subjects and the placebo-taking controls showed no significant differences in forced expiratory volume or symptoms as measured by the Asthma Control Test Score, Marks Asthma Quality of Life Score, number of episodes of poor asthma control or other measures of systemic inflammation. This occurred even though the soy isoflavones were so well absorbed that blood levels of the isoflavone genistein rose from 4.76 ng/mL to 37.67 ng/mL over the course of the study. The researchers had thought these high levels would surely inhibit airway inflammation, but they did not.

As typically happens when soy fails to shine, the researchers trotted out the usual excuses about how soy should work and would work if they could only determine the right dose, stage of the life cycle or other factor. In this case, no one seemed to be knocking the study itself, which even the soy industry seems to concede was well-designed. That said, the great white hope remains that soy isoflavones can—and will—control asthma if begun early in childhood rather than waiting until adolescence or later.

Making the best of it, Dr. Smith said his study “highlights the importance of focusing on overall health to manage disease, rather than individual strategies such as increasing soy

consumption. . . . You are what you eat, but that’s a whole constellation of foods, not just a single food or a single component of a food. Instead of focusing on supplements, we should be taking a more holistic approach.”

What that “holistic approach” might be, he does not say. The study was funded by the National Heart, Lung and Blood Institute of the National Institutes of Health (NIH) and by the American Lung Association. Archer-Daniels-Midland (ADM) provided the soy isoflavone supplement and placebo. Although Smith and colleagues had hoped “soy” would show its mettle, they disclosed few ties to the soy industry though one had received consultant fees and another clinical-trial funding from Novartis. Nearly all, however, disclosed financial ties to Merck, GlaxoSmithKline, Astro-Zeneca and other vaccine and drug companies. And it’s Big Pharm, after all, which stand to gain from Big Soy’s loss. ☹☹

Dr. Kaayla Daniel is The Naughty Nutritionist because she outrageously and humorously debunks nutritional myths, including the myth that soy is a health food. She is vice president of the Weston A. Price Foundation, on the board of directors of the Farm-to-Consumer Legal Defense Fund and a nutritionist in private practice. She is author of The Whole Soy Story: The Dark Side of America’s Favorite Health Food and co-author with Sally Fallon Morell of the bestselling new book Nourishing Broth: An Old Fashioned Remedy for the Modern World. Visit Dr. Daniel’s website drkaayladaniel.com to receive her free report Fats of Life and to subscribe to her free newsletter Naughty Bytes. Visit Dr. Kaayla’s “Recovering from Modern Diets” blog at westonaprice.com.

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FOUR HUNDRED TWENTY KIDNEY STONES BLAMED ON EXCESSIVE TOFU

Doctors in China have removed four hundred twenty kidney stones from a man's body, blaming an excessive amount of tofu in his daily diet.

Mr. He from Zhejiang Province in eastern China, checked into the Dongyang People's Hospital complaining of intense pain in his abdomen last month. A CT scan revealed that his left kidney was packed full of stones, most of them tiny. Doctors operated in an agonizing procedure that lasted about two hours.

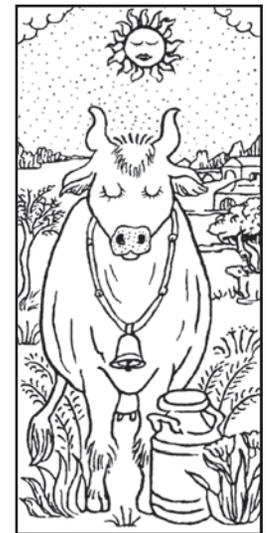
Mr He said he had a history of suffering from kidney stones. Twenty years ago he had ten stones removed using a procedure called lithotripsy, which sends shock waves to break up stones in the kidney, bladder, or ureter until they are small enough to pass in the urine. "I have worked as a doctor for thirty years and have never seen so many stones," said Zhou Changchun, the attending surgeon, according to state newspaper *Qianjiang Evening Post*.

The unusually high number of stones was attributed to the high concentration of gypsum tofu, a popular local food, in Mr. He's diet. The tofu contains calcium sulphate, which cannot be expelled from the body without a sufficient intake of water. Tofu, like all soy products, is also high in oxalic acid, which can cause kidney stones.

Wei Yubin, the chief surgeon, said that the kidney would have stopped working had Mr. He delayed seeking medical attention any longer, and the kidney most likely removed.

A Campaign for *Real Milk*

THE JOHNS HOPKINS RAW MILK STUDY
Prepared by the Weston A. Price Foundation



Two years ago, after testimony regarding a bill to legalize the sale of raw milk in Maryland, the House of Delegates' Health and Government Operations Committee called for a study of raw milk from Johns Hopkins University.

The report was published in December 14, 2014, and it concluded that “the relative risk of individual illness is almost one hundred fifty times greater per unit of nonpasteurized dairy product, compared to pasteurized.”¹ Widely circulated in the media, this figure gave the Committee the rationale it needed to cease any further investigation of raw milk legislation.

Since the Johns Hopkins paper is a review of existing evidence rather than a presentation of any new evidence, it does not contain any important information that we have not already critiqued. Nevertheless, since it repeats past claims that raw milk is far more dangerous than pasteurized milk, we find it necessary to reiterate some of our previous criticisms and add several comments.

NO STATISTICAL DIFFERENCE

The claim that “the relative risk of individual illness is almost one hundred fifty times greater per unit of non-pasteurized dairy product, compared to pasteurized” is the one we wish to address. It is derived from an analysis published by Langer and colleagues in 2012.² We previously have criticized this analysis,³ noting that the researchers found no statistical difference in the rate of illness (as opposed to the number of “outbreaks”) attributed to raw milk or products produced from raw milk compared to those produced from pasteurized milk. We would like to take this opportunity to make several additional points, emphasizing the way this analysis is used to support the conclusions of the more recent Johns Hopkins paper.

The Langer analysis found that raw dairy products accounted for 36 percent of individual

illnesses attributed to milk, while the remainder could be attributed to pasteurized dairy products. Even though they found that almost twice as many illnesses were attributed to pasteurized dairy products as were attributed to raw dairy products, they argued that, since fewer than 1 percent of dairy products are sold as raw dairy products, then on a per serving basis, raw dairy products are almost one hundred fifty times more dangerous than pasteurized dairy products.

There are three principal flaws with this analysis: the first is in the time frame considered; the second is the question being asked; the third is in the unreasonable confidence given to the answer.

LIMITED TIMEFRAME

The Langer analysis limited its time frame to the years between 1993 and 2006. By selecting such a narrow time period, the data become distorted. For example, these data do not include the nation's largest outbreak of salmonella in its history: in 1985, a multistate outbreak of salmonella was traced to pasteurized milk from a Chicago milk plant. This resulted in over sixteen thousand confirmed cases, and the investigators estimated that between one hundred fifty thousand and two hundred thousand people were sickened.⁴

Because industrialized milk is produced on such a large scale, small improvements to the system can have large effects, while small things that go wrong can have horrifying consequences on a massive scale, as in the case of the 1985 outbreak. We would expect illnesses due to small-scale milk production to be more frequent yet far smaller in consequence. By contrast, we would expect illnesses due to large-scale milk production to be less frequent yet massive in consequence. To make a fair comparison, therefore, we must use as large a span of data as possible, so that we include the infrequent but large outbreaks due to pasteurized milk.

A Campaign for *Real Milk* is a project of the Weston A. Price Foundation. To obtain some of our informative *Real Milk* brochures, contact the Foundation at (202) 363-4394. Check out our website, RealMilk.com for additional information and sources of *Real Milk* products.

More recent data suggest that as many as 3 to 4 percent of Americans consume raw milk, and using these data instead of the 1 percent figure would make pasteurized milk appear up to twice as dangerous as raw milk on a per-serving basis.

MORE ILLNESSES FROM PASTEURIZED MILK

We conducted our own analysis of illnesses attributable to raw and pasteurized milk over the years 1980 to 2005.⁵ These data indicated that there were almost eleven times more illnesses attributed to pasteurized milk than to raw milk. Using the estimate that 1 percent of milk is consumed raw, we calculated that, on a per serving basis, raw milk is less than twice as dangerous as pasteurized milk. Yet we can have little confidence in the claim that 1 percent of milk is consumed raw. Even the Langer and Johns Hopkins papers treat these figures as guesstimates. More recent data suggest that as many as 3 to 4 percent of Americans consume raw milk, and using these data instead of the 1 percent figure would make pasteurized milk appear up to twice as dangerous as raw milk on a per-serving basis.

It may be the case that only 1 percent of Americans drank raw milk in the 1990s and that consumption has risen dramatically since then. For example, in 1998, there were forty sources of raw milk listed at realmilk.com, and today there are more than 2000. Since we promote pasture feeding, clean milking, storage, and distribution practices, and careful attention to quality, we believe our campaign has made raw milk not only more available, but also safer and healthier than it would be without this attention to quality. Food frequency questionnaires are notoriously unreliable, so it is not at all clear that data on raw milk usage are accurate. When combined with clear reasons to believe that raw milk usage and raw milk quality have been changing over time, little confidence should be placed in these calculations of per-serving risk.

RAW MILK VERSUS OTHER FOODS

The second principal flaw is the question being asked. If the Johns Hopkins paper is meant to inform a decision of whether to liberalize raw milk laws, the appropriate question is not whether raw milk is more dangerous or safer than pasteurized milk. Rather, the question is how the safety of raw milk compares to other foods whose legality we take for granted and whether there is anything uniquely unsafe about it that should outweigh the right of the consumer to purchase and use it.

Compared to many foods whose legality goes unquestioned, even the FDA, USDA, and CDC estimate that raw milk is extremely safe. For example, a joint analysis produced by these agencies concluded that the risk of listeria, on a per-serving basis, is about ten times higher in deli meats and hot dogs than in raw milk.⁶ It makes no sense for these agencies to single out raw milk when they themselves estimate it as so much safer than far more commonly consumed foods, and it is a distortion of perspective to support such an argument by comparing raw milk exclusively to pasteurized milk, regardless of the quality of data used to do so.

BIAS IN THE DATA

The third principal flaw is that far too much confidence is used in the attributions of illness to raw milk given the intrinsic difficulties of interpreting the data. The authors of the Johns Hopkins study do acknowledge these difficulties when they write, “nothing short of a clinical trial could remove all the potential confounding that underscores any outbreak review,” but this note of caution never tempers their final conclusions. As such, the media are likely to magnify the overconfident conclusions rather than the pitfalls of reading too much into such low-quality data. Outbreak reports are observational in nature. Observational studies are considered useful for examining whether things statistically correlate with one another, but not necessarily for examining whether one thing causes another. Clinical trials, by contrast, are designed to develop solid evidence of cause-and-effect relationships.

Among observational studies, outbreak reports are subject to a particularly high potential for bias. They do not examine whether a random sample of people who drink raw milk are more or less likely to get sick over time than a random sample of people who drink pasteurized milk. Instead, people who get sick report their sicknesses themselves and public health officials look for any link they can find. Raw milk has been heavily politicized and demonized for decades as a source of foodborne illness, so biases toward finding links with raw milk are strong.

We analyzed seventy studies⁷ that attributed outbreaks to raw milk and found that 96 percent of them lacked either a statistical correlation

with raw milk consumption or evidence of contaminated milk, while 50 percent of them lacked both of these. We consider this strong evidence that raw milk is often blamed for outbreaks with inadequate evidence.

A RANDOMIZED CONTROLLED TRIAL

Although the Johns Hopkins authors acknowledge that a clinical trial would provide needed clarity, they do not cite the only randomized, controlled trial we are aware of that examined the effect of milk pasteurization on infectious disease.⁸ This trial compared the rate of infections in infants fed raw human milk or a mixture of pasteurized human milk and formula. The infants suffered three times as many infections when fed pasteurized human milk and formula, even though 15 percent of the raw human milk samples contained pathogenic organisms, which were eliminated by pasteurization. While this study does not directly compare raw cow milk to pasteurized cow milk, it provides proof

of principle that mammalian milk in its raw state strengthens immunity to such a strong degree that it results in a lower risk of infection in infants even if the milk itself is a source of infectious organisms.

We strongly support quality control that minimizes the risk of milk contamination, and we consider the demonstrated immune-boosting properties of raw milk, combined with clean and hygienic milking, storage, and distribution practices, to be most likely to protect people against infectious diseases. 

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A RAY OF HOPE IN THE JOHNS HOPKINS REPORT?

The Johns Hopkins report on raw milk contained predictable spurious data and warnings against raw milk. However, it was not entirely negative. In their report to the Maryland House of Delegates' Health and Government Operations Committee, the authors, a group of prominent public health scientists from Johns Hopkins University, suggested for the first time, that both raw milk opponents and advocates, “would gain much by being willing to discuss and compromise on their positions.”

At the start of the report, the authors state: “Overall, our review identified no evidence that the potential benefits of consuming raw milk outweigh the known health risks. Based on our findings, we discourage the consumption of raw milk. The risks of consuming raw milk instead of pasteurized milk are well established in the scientific literature, and in some cases can have severe or even fatal consequences.” The authors do, however, note European studies showing that raw milk protects against asthma, allergies and eczema.

By the end of the report, the authors are much more sympathetic to raw milk, noting differences in how raw and pasteurized milk are produced: “It is important to reiterate the systematic differences between most raw and pasteurized milk production in the U.S. and how they complicate the public health argument for one or the other (Mendelson 2011). Today most pasteurized milk is produced at an industrial scale, with farms containing thousands of cows fed corn and soy products, and milk sent to dairy processing plants in bulk tanks. Dairy farmers at these industrial farms have the opportunity to be more lax about hygienic practices. Further, the potential for cross-contamination of milk before or after pasteurization is substantial due to these potential factors: a large number of workers, biofilms in distribution pipes, and unsterilized equipment” (Mendelson 2011; Oliver et al. 2005).

“On the other hand, milk that is intentionally sold unpasteurized is often produced on small farms with grass-fed cows and sold to local consumers (Baars 2013). While hygienic practices are not ensured in this setting, these farmers may be more concerned for each individual animal's health and the health of their customers. They thus may strive to prevent microbial or other contamination. We believe in the benefit of consuming milk and other food products on a local scale, as it is both environmentally sustainable and can support the local economy.”

In their conclusion, the Johns Hopkins scientists seemed to be recommending a compromise approach in Maryland, based on strict labeling of raw milk. “In conclusion, given the scientific evidence, we do not recommend the consumption of raw milk. If raw milk sales became legal in Maryland, we would strongly recommend that a labeling system be implemented and that farm safety and hygienic practices be required. We would also recommend restricting pregnant women and children from drinking raw milk due to their increased susceptibility to microbial hazards.”

RAW MILK UPDATES By Pete Kennedy, Esq.

2015 has been a productive session for legislation increasing access to raw milk (See Wise Traditions Spring 2015). While there is still resistance to raw milk legislation, opposition has declined overall around the country. With recent deaths due to the consumption of cheese and ice cream made with pasteurized milk, raw milk opponents' arguments about food safety aren't getting the traction they once had. Five states passed laws positively affecting the ability of consumers to obtain raw milk and raw milk products; they are as follows:

OREGON

On May 12, Governor Kate Brown signed legislation that lifted an advertising ban on raw milk sales. House Bill 2446 stemmed from a 2014 settlement between dairy farmer Christine Anderson and the Oregon Department of Agriculture (ODA) over a lawsuit challenging the state law prohibiting advertising. Under the terms of the settlement ODA agreed not to enforce the ban contingent on the legislature passing a bill during the 2015 session that repealed the advertising prohibition. If no bill had passed, the agency would have immediately resumed enforcement. The Anderson settlement and new law should serve as a deterrent against other states enacting or enforcing similar bans.

SOUTH DAKOTA

Prior law allowed the sale of raw milk on the farm and at farmers markets; Senate Bill 45 (SB 45), which was signed into law in March, expands sales of raw dairy to include cream but now limits where producers can sell raw milk to on the farm and through delivery (including farmers markets). The new law benefits producers by creating a new category: raw milk for human consumption. The South Dakota Department of Agriculture (SDDA) is assigned to issue governing regulations for this category. Prior to SB 45's passage, raw milk producers were subject to regulations that were originally written for Grade A dairies and manufactured milk producers. Raw milk supporters have pointed out that raw milk produced for direct consumption and raw milk produced for pasteurization are two different products. SB 45 acknowledges this difference. Rules SDDA has proposed for the new category do not have, among other things, some of the more onerous physical facility requirements that Grade A dairies and milk manufacturing plants must comply with. An interesting aspect of the proposed regulation is that while it requires testing for coliform bacteria, which all raw milk licenses throughout the country test for, South Dakota does not set any standards for coliform levels. SDDA will monitor producers' coliform levels but they won't take punitive action against producers for their coliform counts. In Pennsylvania, producers have been fined for coliform counts above the legal limit. The South Dakota proposal is more in line with the thinking of those who believe coliform testing is not a good indicator of milk safety. The proposed regulations are scheduled to go into effect July 1, 2015. A work group consisting of, among others, raw milk producers, consumers, and SDDA officials worked on the drafting of both the bill and proposed regulations.

UTAH

In March, Governor Gary Herbert signed House Bill 104 into law. HB 104 partially lifts the state's herdshare ban by allowing the distribution of raw milk through "cow-share programs if there are no more than two cows, ten goats and ten sheep per farm." Utah banned herdshares through legislation passed in 2007. The licensed on-farm sale of raw milk has long been legal in the state but the number of licensed dairies has dropped substantially the past twenty years, a factor that increased the chances of passage for HB 104. In spite of the bill only applying to micro-dairies, HB 104 drew significant opposition from the Utah dairy industry and Farm Bureau with the latter opposing the legislation right until the end. Four individuals did the bulk of the work on the bill from start to finish; farmer Symbria Patterson, her daughter Sarah, farmer Paula Millby and Conner Boyack, who is the president of the Libertas Institute. The Pattersons were a study in perseverance; commuting two hundred miles twice a week from their farm to Salt Lake City to lobby. For the last two weeks of the legislative session, the Pattersons did not leave the capital. Tragically, Symbria's husband, Lynn, who had been maintaining their farm and CSA, passed away on the evening the bill was signed.

VERMONT

On May 28, Governor Peter Shumlin signed House Bill 484 (HB 484) into law. The bill is a measure that changed a number of Vermont's agricultural laws including provisions amending the state's raw milk statutes. Under the existing two-tier system, producers now can sell more raw milk each week (i.e., increased from two hundred eighty up to three hundred fifty gallons) if they comply with additional requirements on matters such as inspection, registration and testing. Another significant change in the law is that raw milk producers will no longer have to test their cows annually

for tuberculosis and brucellosis; under HB 484 only a one-time negative test or proof of a recent one-time negative test is required. The tier 2 producers had been required to warn their customers if even one test result shows the total bacteria or coliform count is over the legal limit; if follow-up tests are above the limit producers are required to stop all sales until they get a test result that is in compliance. Producers with one high somatic cell count test must not only warn their customers, but also contact a veterinarian to assess the herd and milking procedures. H484 does away with the consumer warning; now the Secretary of the Vermont Department of Agriculture, Food and Markets issues a warning if two out of four consecutive monthly tests exceed the limit and has the authority to suspend the producers' sales when three out of five tests do so. Since Vermont has a two-year legislative session, a separate bill aiming to expand raw milk sales to retail stores and legalize the sale of other raw dairy products will still be under consideration next year.

WYOMING

Governor Matt Mead signed the Wyoming Food Freedom Act into law on March 3. The new law gives farms, ranches and home kitchens the right to sell any foods they produce, other than meat products, direct to the consumer without any government regulation or inspection. Sales can take place at farms, ranches, private homes, farmers markets and through delivery. The Food Freedom Act legalizes the sale of any raw dairy product including unaged cheese. The sale of raw cheese that has not been aged at least sixty days is prohibited in interstate commerce but states do have the option of not having any aging requirement in their laws. At this time, Wyoming has the most favorable laws on the sale of raw dairy products in the U.S. A factor in the bill's passage was the lack of a dairy industry in Wyoming to provide opposition. According to the state, there are only thirty Grade A dairies left in the state; other estimates put the number as low as ten.

OTHER STATES

There are still ten states that do not allow any sale or distribution of raw milk by statute, regulation or policy. Two of them, West Virginia and Montana, came close to changing their laws in 2015.

MONTANA

In Montana, House Bill 245 (HB 245) passed the State House of Representatives by a big margin but was defeated in the Senate by one vote. HB 245 would have legalized the on-farm sale of raw milk and raw milk products. The bill included requirements for testing, labeling and signage. HB 245 also would have exempted herdshare operations from any of the requirements in the bill for those selling raw dairy. The Association of Montana Public Health Officials had their lobbyist work against the bill on the taxpayers' dime. That combined with opposition from agribusiness interests was enough to prevent the bill from getting to the governor's desk.

WEST VIRGINIA

On April 2, West Virginia Governor Earl Ray Tomblin vetoed Senate Bill 30, a measure that would have legalized herdshare agreements in the state. Current state law bans herdshares, sales of raw milk for human consumption and sales of raw milk for pet consumption. SB 30 had passed the West Virginia House of Delegates by an 81-19 margin. The National Milk Producer Federation and the International Dairy Foods Association sent Tomblin a joint letter urging him to veto the bill. The veto means that dairy farmers in the state will continue to lose the business of West Virginia consumers to Pennsylvania raw milk producers.

As the demand for raw milk continues to grow across the country, state legislatures need to acknowledge this by supporting freedom of choice and increased access to raw milk. The 2015 legislative session was a step in the right direction

For the latest developments on raw milk issues, go to thecompletepatient.com.

Those who have not joined the Farm-to-Consumer Legal Defense Fund are encouraged to do so. Membership applications are available online at farmtoconsumer.org or by calling (703) 208-FARM (3276); the mailing address is 8116 Arlington Blvd, Suite 263, Falls Church, VA 22042.

Healthy Baby Gallery

Beautiful Sadie Joy was born on June 15, 2014 to proud parents, Steve and Amy. Since the day she was born everyone has commented on how alert and strong she is. She started smiling at two days old and continues to be a happy, curious little baby who loves life! Sadie's parents followed the Weston A. Price Foundation diet principles before conception. Sadie's favorite foods are breast milk, egg yolks, liver and bone broth. She has fermented cod liver oil and ghee every day. Sadie attended her first Weston A. Price convention in Indianapolis last fall when she was four months old. Says Amy, "We are so thankful to God for our sweet girl and for all that we learned through the Weston A. Price Foundation on how to nourish our baby!"



Nadiv Lev Zehavi was born at home on June 4, 2014. He was focused, engaged and expressive right from the start. He was first brought up on a combination of breast milk and raw milk formula. His parents later needed to switch him to the liver-broth formula, which he took to well. Nadiv is a happy, patient, adventurous and affectionate little guy who loves books, music, dancing, and *food*. His favorites are egg yolk, cod liver oil, chicken liver, and broth, but he also loves yogurt, sauerkraut juice, meat, carrots, squash, and apricots. "We are so grateful to the Weston A. Price Foundation," say his parents, "for helping us to restore our health and bring such a happy, healthy, and alive little boy into the world. Thank you!"

Born November 15, 2014, Wyatt is a happy, healthy, *au naturel* Alaskan who enjoys breastfeeding, being prodded into riotous laughter with kisses to his belly, and placing anything within arm's-length into his mouth. In addition to lots and lots of salmon and halibut (gotta love living in Alaska), Wyatt's family is lucky enough to have an excellent supply of raw milk from which Wyatt's mother Kathy makes butter and yogurt. Wyatt also enjoys Alaskan moose and caribou, as well as some elk and antelope. Mom Kathy found a way to serve liver by hiding it in spaghetti sauce. Egg yolks and cod liver oil complete Wyatt's nutrient-dense diet.



Please send photos of healthy babies to Liz Pitfield at liz@westonaprice.org. Photos must be labeled with the baby's first and last name and accompanied by an email with text.

Healthy Baby Gallery

Ezekiel Oswald at one year old in March 2015! He still enjoys lots of beef liver and cod liver oil as staples of his diet. He was born healthy and alert with a ten-hour labor for a first-time mom. He was exclusively breastfed until his first foods, which were egg yolks, liver, homemade sauerkraut and meat. Both parents followed the Weston A. Price diet for one year before conception and the entire family continues to enjoy raw milk, grass-fed meat and the chickens they raise. Ezekiel is a joy to be around, has a very sweet demeanor and is a strong boy. His favorite activities are hiking with sticks, helping around the farm, and swinging at the park. Says mom: "We are all very thankful for the Weston A. Price knowledge and community we have learned so much from."



This is Blake Joseph Riecken pictured at nine and one-half months. He enjoys good nutrient-dense food such as grass-fed ground beef, cod liver oil, avocado, full fat yogurt, fermented cabbage, raw cheese and milk. He is also still

Isaac James loves to eat! Raised on a WAPF diet starting with breast milk, then pureed liver, meat, raw milk and cod liver oil! And he loves his cod liver oil! Isaac is cheerful, strong and smart. He hardly ever cries and is bright, alert and interested in the world around him.



Honorary board member Kathy Pirtle reports, "We were blessed with a beautiful granddaughter on February 28th. Audrey Rose has been a joy. We saw the miracle of her health blossom after her first month when we began feeding her the highly nutrient-dense WAPF cow's milk formula. Her skin went from having baby acne to super silky in just a few weeks. Her whole face glows and she is meeting every benchmark a little early. I am so proud of my daughter Shelby and her dad, Jairame for being such wonderful parents. The whole family is in love! Thank you for this wonderful recipe, as it is helping so many babies thrive!"

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CHAPTER RESOURCES

Resources for chapter leaders can be accessed at westonaprice.org/local-chapters/chapter-resources, including our trifold brochures in Word format, chapter handbook, and PowerPoint presentations.

LOCAL CHAPTER LIST SERVE

Thank you to Maureen Diaz a chapter leader in Pennsylvania, for administering the local chapter chat group. New chapter leaders can sign up at <http://groups.yahoo.com/group/wapfchapterleaders/>

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FIRST MEETING FOR THE NEW WASHINGTON, DC CHAPTER

On Saturday, March 21, the WAPF DC chapter had its first meeting! Over twenty adults attended, plus children and four nursing babies. The chapter meeting, led by co-leaders Elizabeth Gilhuly and Hilda Gore, focused on Weston Price principles, followed by a time of sharing healthy, locally-sourced snacks. The owner of a DC meat company attended and sautéed some pastured beef from a farm in Maryland. It was a great success and the chapter leaders are currently making plans for future meetings, which will feature resource-sharing, recipes, and demos.



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The Weston A. Price Foundation currently has 559 local chapters;
443 serve every state in the U.S. plus the District of Columbia
and 116 serve 28 other countries.

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LOCAL CHAPTER BASIC REQUIREMENTS

1. Create a Food Resource List of organic or biodynamic produce, milk products from pasture-fed livestock (preferably raw), pasture-fed eggs and livestock and properly produced whole foods in your area.
2. Provide a contact phone number to be listed on the website and in our quarterly magazine.
3. Provide Weston A. Price Foundation materials to inquirers, and make available as appropriate in local health food stores, libraries and service organizations and to health care practitioners.
4. Provide a yearly report of your local chapter activities.
5. Be a member in good standing of the Weston A. Price Foundation.
6. Sign a contract on the use of the Weston A. Price Foundation name and trademark.

OPTIONAL ACTIVITIES

1. Maintain a list of local health care practitioners who support the Foundation's teachings regarding diet and health.
2. Represent the Foundation at local conferences and fairs.
3. Organize social gatherings, such as support groups and pot luck dinners, to present the Weston A. Price Foundation philosophy and materials. Price
4. Present seminars, workshops and/or cooking classes featuring speakers from the Weston A. Price Foundation, or local speakers who support the Foundation's goals and philosophy. tion,
5. Represent the Weston A. Price Foundation philosophy and goals to local media, governments and lawmakers.
6. Lobby for the elimination of laws that restrict access to locally produced and processed food (such as pasteurization laws) or that limit health freedoms in any way.
7. Publish a simple newsletter containing information and announcements for local chapter members.
8. Work with schools to provide curriculum materials and training for classes in physical education, human development and home economics.
9. Help the Foundation find outlets for the sale of its quarterly magazine.

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SLOVENIAN COOKING KIDS VISIT WASHINGTON, DC

Slovenia's Cooking Kids visit the Slovenian Embassy in Washington, DC. Pictured here with Anka Peljhan, director of the program, Sally Fallon Morell and WAPF honorary board member Sylvia Onusic.

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WAPF ACTIVITIES IN HUNGARY

Katalin Nagypal, our chapter leader in Hungary has been busy spreading the word. She made a video presentation with illustrations of an interview with Sally Fallon Morell, which is posted at chapters.westonaprice.org/budapesthungary/

The original English language version of the interview is posted on her nutrition practitioner website/blog at: mywellnessworkshop.com/nourishing-traditions/. She has launched the local chapter website with information in Hungarian as well.

Katalin will also be representing WAPF at the Paleo Convention in Berlin! (See paleoconvention.de).

Thank you Katalin for all your hard work!



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WAPF ACTIVITIES IN MANILLA

BELOW: Dr. Nelson Gaba, Dr. Vanessa Gaba, Tess Young, Dr. Dawn Ewing, and Mr. Michael Margolis. All are biological dentists and ardent supporters of Dr. Weston A. Price's research and contribution to biological dentistry and holistic medicine.



RIGHT: Tess Young with Dr. Michael Margolis, one of two key note speakers at a two-day symposium, May 11-12, 2015, sponsored by the Family Life and Wellness Institute, De La Salle Santiago Ayala Alabang, Manila.



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MD

CSA Shares Shipped to your Doorstep! - A Taste of Southern Maryland **will ship** CSA shares to the doorsteps of all members. Join today and receive farm fresh produce and value-added products on a weekly basis. All producers are Southern Maryland farmers or artisans and harvest or handcraft nutrient-dense products for the health of consumers. Harvest Boxes include, but are not limited to, fruit, veggies, artisan raw cheese, local grass-fed meat, handcrafted olive oil skin care products, jams, jellies, and breads. Produce Only Share \$25; Half Share for Two \$35; Full Share for Four \$55; Dinner Share for Four \$80. Shipping fee is \$10.60. Visit tasteofsomd.com to place an order or call Ronda Goldman at (240) 412-8993. rgold@tasteofsomd.com

Come to our peaceful family farm—your source for premium pasture-raised chicken, turkey, eggs, 100% grass-fed lamb, and raw honey! Poultry fed organic feed. Less than 1 hour from DC metro area in southern Frederick County, MD. JehovahJirehFarm.com (301) 874-6181.

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MN

Farm On Wheels offers animals raised green grass-fed & certified organic. Nutrient-dense beef, lamb, chicken, eggs, turkey, goose, duck, and pork, No corn or soy. Farmers Market year around in St. Paul, Prior Lake, Northfield. Linda (507) 789-6679, farmonwheels.net, farm_on_wheels@live.com.

OH

Sugartree Ridge Grassfed. Openings in a 100% grassfed herdshare with 9 delivery sites in the Cincinnati area. No grain, no silage. Eleven cows (cross between Jerseys, Guernseys, Brown Swiss and British White) grazed year-round on sixty acres rotating through thirty paddocks (which are allowed to grow for sixty days between grazings and are spread with organic, Albrecht-based mineral supplements). Nutrient-dense milk, family-friendly farming and holistic stewardship. 6851 Fair Ridge Road, Hillsboro, OH 45133 or Cincinnati area: Bill & Marylou Wilson (513) 625-0197.

Three Moon Farm, Williamsport OH. We raise grass-fed beef, pasture-raised chicken, turkey & eggs. We also offer raw honey from our hives. For more information please check us out at threemoonfarm.com or call Kelly at (740) 253-9029.

OR

Windy Acres Dairy. Herd share providing grass-fed raw milk, cream, cultured butter, sour cream, kefir, yogurt, plus marketing of livestock (soy-free beef, lamb, pork, turkey, chicken) eggs, honey and by-products. windyacresdairy.com, windyacres26@gmail.com for more information or call (541) 613-5239

PA

Bareville Creamery 100% grass-fed. We offer raw traditionally cultured butter from our grass-fed cows. **We will ship** to you or visit our farm to pick up. Daniel & Katie Zook, Leola, PA (717) 656-4422.

Breezy Meadows Farm. Raw goat's milk. Raw farmstead cheese. Our cheese is made with vegetable rennet and Celtic sea salt. All products are antibiotic, GMO and soy-free. **We ship.** Call (717) 821-7547. Myerstown, PA.

Grass-fed lamb, pastured Tamworth pork & piglets, pastured chicken, honey, Sheep Camp, farm tours, Adopt-A-Sheep & more. Visit Owens Farm Sunbury, PA, owensfarm.com (570) 286-5309, info@owensfarm.com

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PA

100% Grass-fed Beef, Pasture-raised pork, chicken, eggs. All meat is GMO-free with no added hormones or antibiotics. Beef quarters and whole hogs available, as well as retail cuts. On farm sales: Peaceful Valley Farm, 2019 State Route 17, Millerstown PA 17062. No Sunday calls: (717) 444-0022

Fresh grass-fed raw milk, cream, butter, yogurt & cheese - veal, soy-free poultry, free-range eggs, grass-fed beef and lamb. Frozen meats also available. We **will ship**. You are welcome to stop in or give us a call. Mark & MaryAnn Nolt (717) 776-3417.

Creswick Farms. Dedicated to raising healthy, happy animals—lovingly cared for just as Mother Nature intended—which provide high-energy, nutritious and delicious food sources for health-conscious individuals. No antibiotics, steroids or GMOs ever fed to our animals! (616) 837-9226, CreswickFarms.com.

Grass-fed organic raw milk and dairy food: 100% grass-finished beef and lamb, pastured pork, chicken and turkey, wild Alaskan salmon, fermented vegetables, raw honey, maple syrup and more. Long Island drop. Paradise Pastures, Paradise, PA (717) 687-8576.

Raw milk cheese from our grass-fed Jerseys, made on our family farm with Celtic sea salt. No grain feed. Also grass-fed beef and pastured chickens, turkeys and eggs. All soy-free, no hormones or synthetics. On-farm sales, **will ship cheese**. Wil-Ar Farm, Newville, PA (717) 776-6552.

Wentworth Dairy. Grass-fed raw milk, raw milk cheese, free-range eggs, pastured pork, grass-fed beef. We are located 8 miles from MD state line. Family farm, all natural grass-based, Ayrshire and Jersey cows. Rob & Bonnie Wentworth, 1026 River Road, Quarryville, PA 17566, (717) 548-3896.

VA

Cow/Herd shares available, with Member in Local Kine (M.I.L.K.) Project in Fauquier County at Western View Farm, 2028 Laws Ford Rd., Catlett, VA 20119. For information call Martha Bender (540) 788-9663.

Salatin family's Polyface Farm has salad bar beef, pigator pork, pastured chickens, turkeys and eggs, and forage-based rabbits. Near Staunton. **Some delivery available**. Call (540) 885-3590 or (540) 887-8194.

WY

100% grass-fed, grass-finished beef. On pasture year-round at the family ranch in Goshen County. Production practices detailed on our website. Custom beef, Cheyenne farmers markets, and local delivery. (307) 534-2289, meadowmaidfoods.com.

CRAFTS

Beautiful crafts by local artists. Keep your gift-giving dollars in the USA. Alpaca blankets, socks and yarn; hand painted decorations, paintings by a ward-winning artist Megan Pisciotta Greene; handmade quilts. Exclusive source of *Nourishing Traditions* posters. Saturday farm tours. Store open Thurs-Sat 10-6 or by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

DVDS

DVD "Nourishing Our Children" recently launched a DVD that may be used for one's self-education or to present to an audience. You will learn how to nourish rather than merely feed your family. nourishingourchildren.org/DVD-Wise.html **Free shipping!**

Share your passion for food with friends and family! The Diet for Human Beings affirms our human requirement for fats, with less emphasis on starchy carbs. "An Hour To Watch - 30 Days To Try - Your Life Will Never Be The Same" ondietandhealth.com.

EMPLOYMENT OPPORTUNITIES

Pasture-based beef farm in beautiful Essex, NY seeks farm manager, herdsman. Family man/woman/couple with young children preferred. Good housing, salary, benefits. Enthusiasm, passion and willingness to work hard more important than extensive experience. Contact Mr. Lewis at (518) 963-4206, lewisfamilyfarm.com

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WAPF Inspired Fine Dining Restaurant Now Recruiting Talent. *Farmageddon* filmmaker, Kristin Canty is hiring talent for her new venture, Woods Hill Table, a traditional foods restaurant in her home town of Concord, MA. To our knowledge, this is the first-ever WAPF inspired fine dining restaurant. From frying in beef tallow, soaking grains, and raw fermented foods to serving kombucha flavor of the day on tap, Kristin is implementing the WAPF dietary guidelines and changing restaurant history. If you'd like to be a part of this exciting culinary project, her Concord Restaurant Group is looking for a service manager, servers, reservationists, chefs and line cooks. Contact Kristin@woodhilltable.com 24 Commonwealth Ave, Concord, MA, 01742 woodhilltable.com, jobs@woodhilltable.com, (978) 369-6300.

SALES REP WANTED for award-winning VitaClay® products (vitaclaychef.com). Are you a passionate cook and familiar with *Nourishing Traditions*? Share VitaClay's ancient cooking secret—unglazed clay and earn up to \$2K to \$20K monthly. Please e-mail resume to michelle_liu@essenergy.com, or text to (408) 621-6187.

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Integrative Diagnosis (ID) was developed by John Kozinski MEA to help you understand your overall health condition so traditional foods can be used for your healing or health maintenance needs. For ID Classes or a Health Consultation call: 413-623-5925 macrobiotic.com.

STOOL DONOR WANTED - Seeking healthy stool donor for a fecal transplant procedure (1X/day, 10 days). Ideal donor: raised on WAP-type diet, no antibiotics, and at least 13-years-old. Will travel & compensate the donor for their time. Contact: rk900@hotmail.com.

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Small farm near Tampa FL looking for others to partner with us in our farming efforts. Have detailed ad in Eager Farmer www.eagerfarmer.com and listing in www.ic.org under Ecofarmfl Tampa FL. Small dairy (water buffalo), pigs, vegetables, cane syrup, and other sustainable, permaculture related farming ventures. Direct farm sales. ecofarmfl@yahoo.com, (813)754-7374.

Do you observe kashrut as well as follow a WAP lifestyle? Seeking others with whom to share the discoveries and challenges in the intersection of these choices. Anita Schubert Manchester, CT (860) 432-3131, anitaschubert@cox.net.

INVESTORS NEEDED

"Get An Oil Change" is a documentary film showing one nutritionist's vision for a population to embrace once again the coconut - essentially, for the people of the Cayman Islands to change their oil in order to change their health. Sally Fallon Morell is featured in it. Check out the Facebook page, Facebook.com/GetAnOilChange, as well as the Vimeo teaser vimeo.com/118666649. You can make a contribution by "tipping" us using the tip jar on the Vimeo page.

The Evolution is Coming, Imagine 21st century, StarTrek like Pavilions dotting the country, delivering the best that science, humanity, (and WAPF) has to offer, to enable people to live healthier, richer lives. Visit igg.me/at/ThePavilion ...and join the evolution!

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WAPF RESEARCH

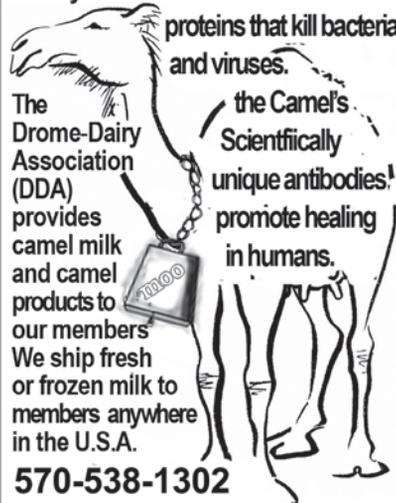
STUDY ON HEALTHY BABIES: Johanna M. Keefe, MS, MA, AHN-BC, RN, GAPS, certified as an Advanced Holistic Nurse, is seeking volunteers for a PhD research project in Transformative Studies through CIIS (California Institute for Integral Studies). If you have had a healthy baby using the WAPF dietary guidelines, she would like to hear from you. She would like to interview you by Skype or Facetime, or in person if you are located in New England, Northern California or North Carolina—or at the annual conference in November. Contact: johanna@enhancedwellnessbythesea.com, (978) 290-0266.

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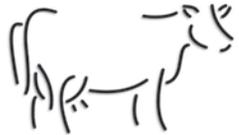
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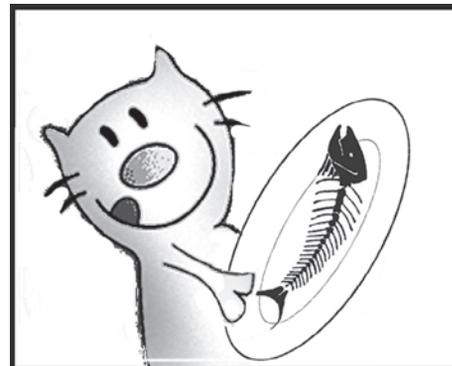
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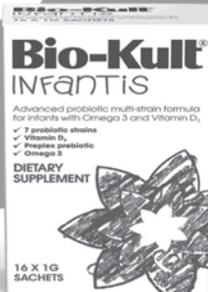
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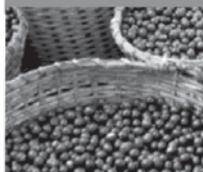
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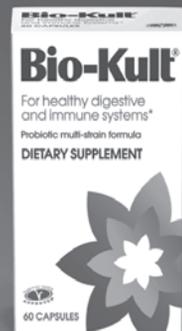


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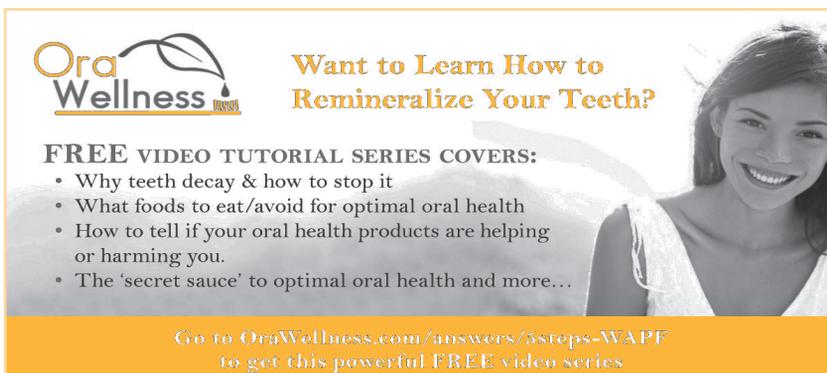
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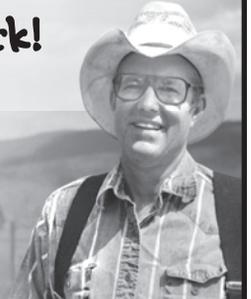
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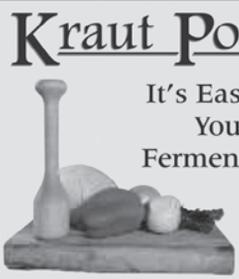
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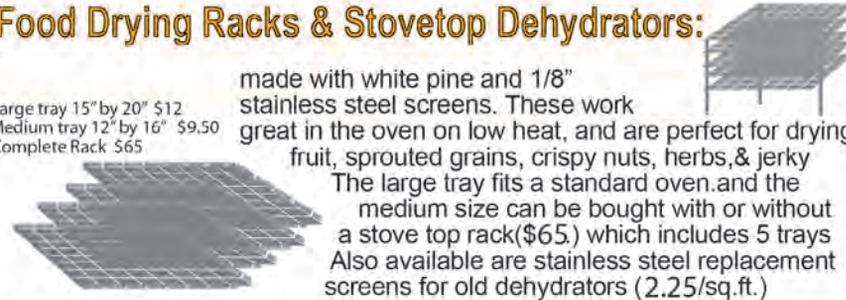
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The second manual, *Iqaluich Niginaquat, Fish That We Eat*, provides information regarding the traditional use of fish, their processing, recipes and eating enjoyment. It was compiled from the local traditional fish knowledge of northwest Alaska and was partially funded and placed on the web by the U.S. Fish and Wildlife Service.

The third manual in this series will similarly detail the traditional Inupiat processing techniques and recipes for sea mammals.

Presently there is no funding to support this work. Any suggestions would be welcome. The web link to *Iqaluich Niginaquat, Fish That We Eat*, is below. The report is located under the U.S.F.W. Northwest AK section. From here you can read it and/or download and print it. It should be printed double-sided due to the length (341 pages), including 100+color photos, sketches.

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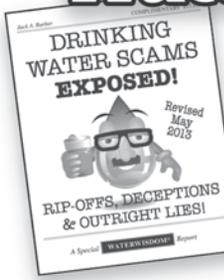
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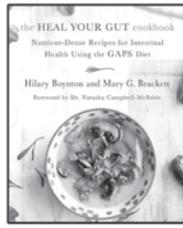
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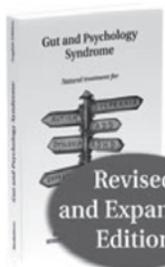
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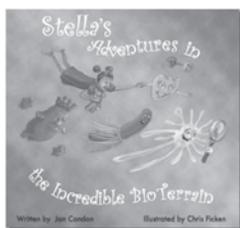
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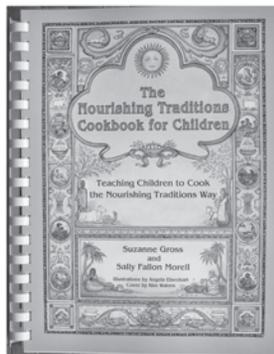


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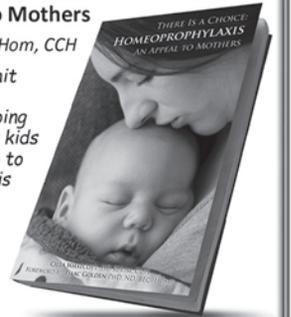
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