

► **Medical Socialism continued**

increasing resources, and with it employment, into making our lives more comfortable and longer. Free markets might make medical care in all of its permutations the new growth industry.

There are perverse reasons for seemingly lower costs in other countries, including lower pay for medical practitioners and queuing. Yet the World Health Organization (WHO) study has placed the US 37th in the world for health care. This is a classic in the annals of political propaganda. The specific rankings within the study place the US number one in the world in responsiveness to patients' needs in choice, autonomy, timeliness of care, and confidentiality. It penalizes the US for lower life expectancy, without consideration for levels of obesity, homicides, and accidents (especially automobile accidents; we have far more autos per capita than anywhere else). Correcting for just the latter two items, the US rises to the top for life expectancy.

US cancer survival rates are the highest in the world. Roughly 65% of cancer patients survive five years or more in the US, while the figure in Britain is less than 50%. The British National Health Service recently announced its goal to insure that patients do not have to wait more than 18 weeks between the time a general practitioner refers them to a specialist and beginning treatment. Do we really want that for the US?

If we really want to fix medical care, we need to maximize choice, competition, and responsibility. Greater government involvement, including the current proposals, will reduce all of these.

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## Vaccines' Dark Inferno: What Is Not on Insert Labels?

by Richard Gale and Dr. Gary Null

The vast majority of scientists, physicians, nurses, and public health educators trust that the ingredients in a vaccine have been individually and synergistically proven safe and effective. The public believes that these vaccines, aside from their specified virus(es), are sterile solutions, free from undesirable contaminants not listed on the manufacturers' package inserts. When the pediatrician injects a vaccine into the muscle of a child, the parents' unquestioning faith is that this is the case. In other words, we want to believe that vaccines have been generated under perfect conditions for the safety of children and ourselves.

Our investigation shows that most people do not know what is actually in a vaccine: the active ingredients listed on product labels, the inert ingredients, and, most important, the hidden ingredients. Even more remote is taking the time to actually study the subject matter, review the scientific literature, and discover the truth for oneself. To our amazement, that truth was easy to find. But it is a truth that will scare the hell out of you.

Imagine sitting down to eat veal parmigiana, and a video is placed on your table and used as a living reality recipe instead of the actual meal. This video displays every step in the calf's life, from its birth to the parmigiana on your plate. You witness how the little creature was starved of its natural nutrients, kept in a tiny stall, grossly malnourished and deformed, filled with antibiotics, diseased and suffering complete privation until finally slaughtered, cooked, and served on your plate. Would your appetite be the same? Would you still desire the parmigiana?

Conveniently, we rarely ask, where does our food come from? How and where was it grown? What was sprayed on it prior to our consumption? Thus we are going to re-record something that even most top health educators and opinion leaders on vaccines are unaware of: what goes into the making of vaccines, and what is hidden from you that should give you pause? Afterward, ask yourself: do you want vaccines in your body?

For the most in-depth, honest, scholarly, and objective examination of the methods by which vaccines and their hidden ingredients are prepared, we turn to award-winning British investigative medical journalist Janine Roberts, who paints an entirely different picture of the darker inferno in vaccines that does not appear on product labels. This is the same Janine Roberts who brought to the world's attention blood diamonds, genocide in the Congo, and the destruction of aboriginal cultures by the Australian government.

Roberts's account of conversations between high-level members from the World Health Organization (WHO), federal health agencies, and expert vaccine scientists who determine whether a certain vaccine will be approved, is horrid. Her investigations are based on official meeting documents and her attendance at emergency vaccine meetings, and confirm that our world's vaccine and health experts agree that there is no solution in sight to resolve the potential threats posed by these hidden ingredients.<sup>1</sup>

The story begins with the vaccine industrial complex's attempt to reduce manufacturing costs by seeking government approval to use cancerous cell lines in the development of vaccines. The industry's rationale is that cancerous cells are "immortal." Current vaccine methodology relies on animal cells,



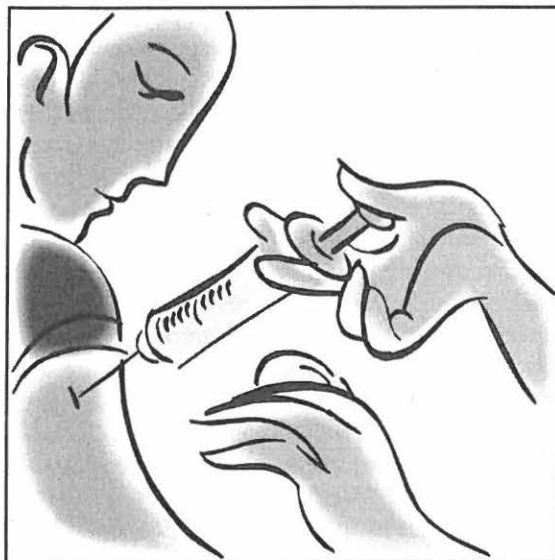
such as fertilized hen embryos and monkey kidneys, that die quickly in culture. Using cancerous cell lines is also much cheaper than relying on the purchase of animals, especially monkeys, that need to be sacrificed for vaccine substrates.

Roberts records two separate meetings – a meeting of the Vaccine and Related Biological Products Advisory Committee on November 9, 1998, and a subsequent gathering of the Evolving Scientific and Regulatory Perspective Workshop less than a year later. The conversations were conducted at a scientific level between top officials and expert scientists from the FDA, Center for Biologics Evaluation and Research (CBER), the National Institute of Allergies and Infectious Diseases (NIAID), the WHO, and others, each providing evidence and/or confirmation that all vaccines are dangerously contaminated.

Conversations focused primarily on the influenza, MMR, and yellow fever vaccines, which rely on fertilized chicken eggs for their culturing viruses. Fertilized chicken eggs, while ideally suited for culturing certain viruses for vaccines, such as the influenza and MMR vaccines, are also living incubators for large numbers of known and unknown viruses in the animal kingdom. While these do not transmit from their animal host to humans naturally, they nevertheless are sequential genetic codes that, when injected into the human body, have the potential for any number of unpredictable adverse effects by interfering or merging with the codes of human cells.

Vaccine research is at best a primitive science, because it involves injecting into the bloodstream foreign substances, chemical and genetic, that would not otherwise naturally

enter the body. When we bring into the equation the enormous amount of known and unknown genetic material and foreign proteins that vaccines introduce into the body, and then consider the rapid increase



in epidemics raging through the American population – adult diabetes in children, large numbers of various inflammatory and immune deficiency diseases, asthma and new allergies, severe gastrointestinal disorders (e.g., leaky gut syndrome and Crohn's disease), chronic fatigue syndrome, and many different neurological disorders (e.g., autism, ADD and ADHD, Parkinson's, Alzheimer's) – we must step back and reconsider their causes. We should avoid the kind of faith that the vaccine industrial complex has in its determinist, reductionist perspective of genetic materialism to find these answers without taking into account the bombardment of toxic chemicals such as vaccine adjuvants and preservatives, extraneous genetic material, pathogenic organisms, and foreign genetic fragments that assault our bodies from shortly after birth into old age.

For some time, it was known that the enzyme reverse transcriptase (RT) was present in final vaccine solutions. RT has been used to this day as an

indicator that there is a presence of a retrovirus. During the meeting's proceedings, the WHO decided to withhold public announcement of such genetic contamination, in this case concerning the MMR vaccine; not to remove it from the market; and, in the meantime, continue safety studies at various laboratories.

Roberts reports that Dr. Arifa Khan from the FDA confirmed:

The RT activity in the vaccine was associated with retrovirus particles from two separate viral strains: Avian Leukosis Virus (ALV) and Equine Arteritis Virus (EAV). The former was especially disturbing because ALV is a leukemia cancer, and Dr. Khan stated: "There was a theoretical possibility that the virus [ALV] could ... infect the [human] cell." In summary, this means the ALV genetic code could integrate with human DNA, hence causing some kind of cancer.

The FDA's reassurance that the ALV RT activity was safe is based on laboratory observations that there was no viral-human DNA merger activity for "a full 48 hours." This kind of assurance is almost nonsensical and flies in the face of scientific reasoning, since cancers can take years to develop!

As a side note, RT activity is one of the stalwarts of the HIV/AIDS hypothesis. An article, "Influenza & Nursing Home Deaths" published by Canada's Vaccine Risk Awareness Network, reports that some studies, and even some vaccine package inserts, "indicate that vaccinations increase HIV viral replication."<sup>2</sup> This means that all vaccines stimulate a strong suppressive effect on the immune system. Under stress conditions, viruses turn hyperactive and increase their ability to replicate.

The other risk stated by the FDA official was the possibility of the ALV sequence's merging with the measles virus, hence creating a completely new, mutant, and dangerous virus. (This could also apply equally to the

H1N1 swine flu and any other flu vaccines). As an aside, the world-renowned British geneticist Dr. Mae-Wan Ho from the Institute of Science in Society wrote: "Vaccines themselves can be dangerous, especially live, attenuated viral vaccines or the new recombinant nucleic acid vaccines, they have the potential to generate virulent viruses by recombination and the recombinant nucleic acids could cause autoimmune disease."<sup>3</sup>

During the meeting, Dr. Andrew Lewis, then head of the DNA Virus Laboratory in the Division of Viral Products, confirmed: "All the egg-based vaccines are contaminated. ... These fertilized chicken eggs are susceptible to a wide variety of viruses." The participants also realized that only a very small fraction of these small contaminants have been identified and there are likely hundreds more to be discovered.

Roberts found a 2001 CDC report showing that RT investigative studies for both the ALV and EAV retroviruses were conducted in 100 patients receiving the MMR vaccine. They found undesirable "RT activity in all measles vaccine lots from different manufacturers tested." Their conclusion is that "this occurrence is not sporadic and that vaccine recipients may be universally exposed to these [chicken] retroviral particles." In a separate National Institutes of Health transcript of a meeting, Dr. Conroy of the World Health Organization stated that EAV viruses are found in all fertilized chicken eggs. There appears to be little change in the scientific protocol for making the influenza, MMR, and yellow fever vaccines. The current release of intramuscular H1N1 vaccines for the global market relies on the use of fertilized chicken embryos. This includes each of the approved vaccines by CSL, Medimmune, Novartis, and Sanofi-Pasteur, as well as GlaxoSmithKline's, if and when it is approved in the US.

A later meeting of the FDA's Scientific and Regulatory Perspective Workshop, without the press, was convened on September 7, 1999, in Washington, DC, and attended by "representatives from all the largest public health institutions in the West." The following are summaries of key points and statements raised during this meeting as recorded in Janine Roberts's invaluable book *Fear of the Invisible*.

- It was reconfirmed that vaccines are "widely contaminated by viral and DNA genetic code fragments, many viruses and proteins." There was expressed concern that these may also contain prions (tiny proteins responsible for incurable diseases and neurological disorders in both humans and animals) and oncogenes (a gene that turns normal cells into cancerous ones). One attendee, Dr. Goldberg, stated, "There are countless thousands of undiscovered viruses, proteins and similar particles. We have only identified a very small part of the microbial world – and we can only test for those we have identified. Thus the vaccine cultures could contain many unknown particles."
- Dr. Andrew Lewis of the FDA said that a brand-new monkey-human mutant virus was created during the course of developing an adenovirus vaccine with adenovirus-SV40 hybrid viruses. Dr. Lewis also worried that "foreign cellular DNA" common in childhood vaccines could include "viral oncogenes" capable of causing cancer.
- The scientists presented a question to themselves as to whether an attenuated vaccine strain could revert into a variant virus capable of replicating so fast that it would cause AIDS. They agreed that they were unable to answer this question.
- On the question of whether mutation events could occur in children after vaccination, the answer was: "Recombination

among a variety of viruses [contaminant viruses] and cells co-infected in tissue culture is not uncommon." What this basically means is that because it is "not uncommon" for genetic codes of both contaminant viruses and living cells to recombine and create mutations in laboratory cultures, this can certainly occur in a child's body after vaccination.

- Dr. Hana Golding, chief of CBER's Laboratory of Retrovirus Research, raised the fear that although DNA fragment contaminants in vaccines may be thought dead, they could remain active and dangerous. This meant that the codes of these contaminants could combine in vaccines and create new mutant strains of pathogens.
- Dr. Leonard Hayflick, a virologist at both Stanford and the University of California, San Francisco, raised a concern that the common primary culture used for making vaccines with animals and bird embryos has created a situation where it is "apparent that these cells contained many unwanted viruses, some of which were lethal to humans." This was especially worrisome of those vaccines, such as polio, which still rely on monkey kidney cells that have contributed to widespread death and illness.
- One of the UK's leading vaccine experts, Dr. Phil Minor from the National Institute of Biological Standards and Control, noted that some cases of polio vaccine are polluted with more monkey virus, SV40, than actual poliovirus. Although the uninitiated who are not informed about closed-door vaccine science have been led to assume that SV40 was no longer in polio vaccines at the time of this meeting, the conversations confirmed that it was still in use. This is another example of conspiracy at high levels among the vaccine industrial complex

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and government health officials to withhold information that directly affects the citizens' well-being.

- Dr. Rebecca Sheets, from the CBER's laboratory responsible for monitoring vaccine safety, stated that the national health organizations had no control over how vaccines were made. In short, they could make recommendations, but the vaccine industrial complex was free to act as it chooses.
- It is impossible to remove DNA contaminants from vaccines. Although weight limits for contaminating DNA were set by the FDA as far back as 1986, vaccine makers have never been able to reach that goal. The CDC decided to limit its weight recommendation to cancerous cell lines and then increase the other DNA contamination allowance 100-fold. However, these limits are only "recommendations," and therefore the FDA cannot enforce them. Vaccine manufacturers are still free to choose whether to take scientific measures to reduce contaminants.

Remember, this contamination limit (10 nanograms) only applies to a single vaccine. Children today are inoculated with many vaccines before entering school, each with unique DNA and viral contaminants due to the specific cell substrates used for a given vaccine. This toxic genetic soup is what then flows through a vaccinated person's body.

- One government health official stated: "I chaired the committee that licensed the chickenpox vaccine, and it [residual DNA] was actually an issue that we considered at that time. We looked among recipients of the vaccine for evidence of an autoimmune response associated with the DNA included in that vaccine. ... Actually, we didn't look, we asked the company to look and they did

not find one." Well, of course, only such assurances can be convincing if in fact the company conducted the study, for which there was no compulsory reason to. Clearly, what the official is saying is that health authorities may not possess any documents that such a study actually exists.

- Can vaccine DNA contamination cause cancer or autoimmune disease? A meeting participant responded: "When you consider that almost every one of these vaccines is injected right into the tissue ... I think you couldn't do much more to get the DNA expressed [to get contaminating DNA taken up by human cells] than to inject it into a muscle in the way it's being done."
- Again, CBER's Dr. Sheets: "I think that the vast majority of licensed vaccines, US licensed vaccines, have not been tested for residual DNA."
- A more frightening question was raised as to whether there has been any presence of foamy virus. Foamy virus (HFV in human form and its more widespread parent SFV from monkeys), although not infectious, is a deadly carcinogen. To the participants' knowledge, no laboratory has ever searched for it in vaccine preparations.
- The meeting confirmed that a particular cell, "which under many conditions is neoplastic [tumor causing]," has been licensed for the production of both injectible and oral polio vaccines in the US, Thailand, Belgium, and France. Therefore, these vaccines carry the high risk of containing cancer-causing oncogenes.

To appreciate the magnitude of the contamination problem in vaccine products, it is important to understand that vaccine filtration needs to allow the targeted virus's passage to remain for vaccine use. Other particles and pathogens smaller than the virus

– DNA and RNA fragments from other organisms (and pathogens) in the manufacturing process, cellular substrates, and viral proteins – will remain in the vaccine.

What the content of these meetings tells us is best expressed by what leading attendee Dr. Minor stated: "So even today then you have to bear in mind that a large amount of vaccine that's made is made on really quite crude materials, from an adventitious agent point of view. It's not a trivial usage. In fact, when considering what vaccines are actually made on these days, they are quite primitive in some respects."

Janine Roberts summarizes her investigations succinctly:

In other words, the vaccines we give our children are liquids filled with a host of unknown particles, most of which came from the cells of non-humans: from chickens, monkeys and even from cancer cells. Truly we do not know what we are doing or what are the long-term consequences. All that is known for sure is that vaccines are a very cheap form of public medicine often provided by governments to assure the public that they really do care for the safety of our children.

The conclusion that can be drawn from these meetings is that vaccines are virtually genetic experiments, capable of causing mass cellular destruction, being injected into the world's population, especially children. There remain so many unanswered questions about vaccine science. This includes the forthcoming swine flu vaccines that will include the contaminants mentioned above, if we take any of these meeting attendees' words to heart.

If we are to express any awe and wonder, it should be towards the body's natural immune system and its ability to defend itself from the onslaught of vaccine brews. It is not vaccination that is a miracle of science, as the vaccine industrial complex, government health authori-

ties, and their congregations of believers are too eager to proclaim. The real miracle is the body's ability to protect itself, in most cases, from the invasion of vaccines. Yet even this statement is now turning suspect, given the dramatic rise in multiple illnesses and inflammatory conditions across the age spectrum.

In any living system, whether it be a natural habitat in the wild, the planet's climate system to support life, or the body's immune system, a tipping point is eventually reached. Today, with the majority of the public still buying into the false promises of vaccinations' efficacy and safety, the vaccine industrial complex remains an extraordinarily lucrative business. More and more vaccines are now being developed for a wide variety of diseases and infections – Chlamydia, herpes simplex type 2, West Nile virus, Epstein-Barr virus, and others – that will only add to the overload of those already recommended, especially to children, who are officially recommended to receive 36 separate vaccinations by the time they reach 18 months of age. As these new genetic poisons are added to the national health agencies' recommended vaccination schedule, a tipping point may be reached that will result in a more serious pandemic – a pandemic of Vaccine Disease, manifesting in myriad illnesses dependent upon each vaccinated person's genetic predisposition and the robustness of the immune system – than any epidemic threat posed by wild infectious pathogens, including the H1N1 swine flu, that could unfold in our so-called developed, hygienic society.

Richard Gale and Dr. Gary Null  
Progressive Radio Network, September 28, 2009

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**Notes**

1. The following quotes and events were taken from Roberts J. *Fear of the Invisible: How Scared Should We Be of Viruses and Vaccines, HIV and AIDS?* Bristol, UK: Impact Investigative Media

- Productions; 2009; and Roberts J, interview, *Gary Null Show*; Progressive Radio Network and WNYE-New York. August 19, 2009.
2. Influenza & nursing home deaths [web page]. Vaccine Risk Awareness Network. <http://vran.org/about-vaccines/specific-vaccines/influenza-vaccine-flu-shot/influenza-nursing-home-deaths>.
3. Ho M-W, Cummins J. The vaccines are far more deadly than the swine flu [web page]. *Global Research*. August 21, 2009. <http://www.google.com/search?hl=en&source=hp&q=mae+w+w+ho+global+research&aq=o&oq=&aqi=g10>.

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