GlobalResearch
Center for Research on Globalization

Why You Can't Trust the FDA, the WHO, the CDC, the AAP, Merck, GlaxoSmithKline, Sanofi or Pfizer

By Dr. Gary G. Kohls
Global Research, March 15, 2021
The Duluth Reader

Theme: Intelligence, Media Disinformation, Science and Medicine

All Global Research articles **can be read in 27 languages by activating the "Translate Website"** drop down menu on the top banner of our home page (Desktop version).

***

This article which is of relevance to the ongoing debate on the Covid-19 vaccine, was first published on the Duluth Reader in December 2019.

*"The FDA receives 45% of its annual budget from the pharmaceutical industry. The World Health Organization (WHO) gets roughly 50% of its budget from private sources, including Big Pharma and its allied foundations. And the CDC, frankly, is a vaccine company; it owns 56 vaccine patents and buys and (*very profitably*) distributes $4.6 billion in vaccines annually through the Vaccines for Children program, which represents over 40% of its total budget."* — Robert F. Kennedy, Jr

"The American Academy of Pediatrics (AAP) derives a majority of its outside contributions – estimated at more than $25 million per year – from pharmaceutical companies that make vaccines. The pediatricians that the AAP represents derive the majority of their annual revenues from the administration of vaccines to their pediatric patients.) — J.B. Handley

"Perhaps the most infamous example of corruption at the CDC is how the head of the CDC from 2002 to 2009, Julie Gerberding, left her government job to become president of Merck's $5 billion dollar/year Vaccine Division. Merck's CEO understandably described Gerberding as an "ideal choice". She held that position until 2014 and currently holds the Merck job title of "Executive Vice President & Chief Patent Officer, Strategic Communications, Global Public Policy and Population Health". That is to say, the former CDC director is now in charge of Merck's propaganda efforts. One might say she's basically doing the same job now that she did for the CDC, but even more lucratively. Apart from her salary, in 2015, Gerberding sold shares of Merck worth over $2.3 million. While at the CDC Gerberding shepherded Merck's highly controversial and highly profitable Gardasil vaccine through the regulatory maize" — From Collective-evolution.com

*"The majority of studies that authorities point to as (*contrived*) proof that vaccines do not cause autism have been published in a journal called Pediatrics, the official journal of the AAP. As we know, the AAP is a trade union for pediatricians."* – J.B. Handley *"Since vaccines are liability-free – and effectively compulsory to a captive market of 76 million children – there is meager market incentive for companies to make them safe. The public must rely on the moral scruples of Merck, GlaxoSmithKline, Sanofi, and Pfizer. But these companies have a long history of operating recklessly and dishonestly, even with (*the many drug*) products*

*for which they can be sued for injuries. The four companies that make virtually all of the recommended vaccines are all convicted felons. Collectively they have paid over $35 billion since 2009 for defrauding regulators, lying to and bribing government officials and physicians, falsifying science, and leaving a trail of (*incurable chronic illnesses*) injuries and deaths from products they knew to be dangerous and still sold under pretense of safety and efficacy."* – Robert F. Kennedy, Jr

"I ate breakfast last week with the president of a network news division at CBS, and he told me that during non-election years, 70% of the advertising revenues for his news division come from pharmaceutical ads. And if you go on TV any night and watch the network news, you'll see they become just a vehicle for selling pharmaceuticals. He also told me that he would fire a host who brought onto his station a guest who lost him a pharmaceutical account." — Robert F. Kennedy Jr *"Fewer than 1% of vaccine adverse events are reported. The CDC's entire vaccination propaganda campaign rests on their claim that side effects from vaccination are exceedingly rare, but according to the blatantly pro-over-vaccination, and Big Pharma-funded CDC, in 2016 alone, the Vaccine Adverse Event Reporting System (VAERS) received 59,117 vaccine adverse event reports. Among those reports were 432 vaccine-related deaths, 1,091 permanent vaccine-related disabilities, 4,132 vaccine-related hospitalizations, and 10,274 vaccine-related emergency room visits. What if these numbers actually represent less than 1% of the total as this report asserts? You multiply those numbers by 100."* – William Christenson

Please study immediately below the following quotes about the Human Papilloma Virus (HPV) vaccine Gardasil, which Merck's propaganda/lobbying department has very successfully marketed, even acquiring fast-track status from the FDA that eliminated the need for long-term safety or efficacy studies.

Gardasil has been heavily marketed even prior to its FDA-approval in 2006 (for the Gardasil-4 vaccine – and again in 2014 for the Gardasil-9 vaccine) for the theoretical prevention of cancer of the cervix for young healthy adolescent females 30 – 40 years into the future that will require periodic vaccination booster shots that contain aluminum adjuvants for life – the exact frequency of which has yet to be determined, since the long-term efficacy and safety studies haven't been performed!!

Incidentally, the following vaccines contain aluminum:

> "Anthrax, DT, DTaP (Infanrix), DTaP-IPV, DTaP-HepB-IPV (Pediarix), DTaP –IPV/Hib, Hep A, Hep B, HepA/Hep B (Twinrix), HIB (PedvaxHIB), HPV (Gardasil and Cervarix), Japanese encephalitis, MenB (Bexsero), Pneumococcal (Prevnar 13), Td, TDaP."

The following few quotes about the unacknowledged dangers of any aluminum-saturated vaccine (which applies to both HPV vaccines, including GlaxoSmithKline's (Cervarix, approved by the FDA in 2009) come from Canadian research physician Dr Lucija Tomljenovic. These important quotes were excerpted from Dr Tomljenovic's alarming medical journal article that revealed the histologic findings of the cerebral vasculitis (toxic inflammation of the blood vessels in the brain) from two previously healthy young women following their deaths after their routine Gardasil vaccinations, see this.

Here are more important quotes:

> "Gardasil is a recombinant vaccine and contains virus-like particles (VLPs) of HPV types 6, 11, 16, and 18 as active substances…The VLPs are adsorbed on amorphous aluminum hydroxyphosphate sulfate (AAHP) adjuvant nanoparticles. Animal models show that aluminum adjuvant nanoparticles are taken up by monocytes after injection, translocate to lymph nodes, then travel across the blood-brain barrier and eventually accumulate in the brain where they can cause significant immune-inflammatory adverse reactions. Thus, the presence of VLP particles in cerebral vasculature in the brain tissue specimens from young women who have died following vaccination with Gardasil may be explained by a "Trojan horse" mechanism that is dependent on circulating macrophages by which these particles adsorbed to aluminum adjuvant to gain access to brain tissue."
>
> "Circulating immune complexes can result from either
>
> 1) normal responses to infection,
>
> 2) tissue injury or
>
> 3) artificial responses to vaccination.
>
> The fact that vaccines are designed to hyper-stimulate antibody production (thus producing much higher antibody levels than what occurs following natural infection), suggests that vaccination may carry a much higher risk for immune vasculopathies (and other autoimmune disorders). Gardasil injections induce sustained antibody titers (for HPV-16) that are more than 10-fold higher than natural HPV infection titers."
>
> "Vaccine-induced cerebral vasculitis is a serious disease which typically results in fatal outcomes when undiagnosed and left untreated. The fact that many of the symptoms reported to vaccine safety surveillance databases following HPV vaccination are indicative of cerebral vasculitis, but are unrecognized as such (i.e., intense persistent migraines, syncope, seizures, tremors, tingling, myalgia, locomotor abnormalities, psychotic symptoms and cognitive deficits, etc), is a serious concern…It thus appears that in some cases vaccination may be the triggering factor of fatal autoimmune/neurological events. Physicians should be aware of this association." – Dr Lucija Tomljenovic

And here is what widely-published Canadian researcher Dr Christopher Shaw has to say about aluminum adjuvants in vaccines:

> "…our current results are consistent with the existing evidence on the toxicology and pharmacokinetics of Aluminum adjuvants which altogether strongly implicate these compounds as contributors to the rising prevalence of neurobehavioral disorders in children. Given that autism has devastating consequences in a life of a child, and that currently in the developed world

> over 1% of children suffer from some form of Autism Spectrum Disorder, it would seem wise to make efforts towards reducing infant exposure to aluminum from vaccines.“ — C A Shaw, PhD
>
> “There is a serious problem with vaccine safety. Vaccine aluminum adjuvant has adverse neurological effects, at dosages that are recommended by the US CDC. Vaccine critics are supported by the science. Parents refusing to vaccinate according to the recommended CDC schedule are supported by the science. Use aluminum-containing vaccines with great caution, or not at all.” – Chris Shaw, PhD
>
> See this.

And here is what Dr Christopher Exeley, the world-renowned British aluminum toxicologist reported recently about Alzheimers Disease (widely reported to be of “unknown origin”) which seems to affect mostly fully-vaccinated, fully-drugged older people:

> “We have made the first ever measurements of aluminium in brain tissue from 12 donors diagnosed with…Alzheimer’s disease. The concentrations of aluminium were extremely high, for example, there were values in excess of 10 µg/g tissue dry wt. in 5 of the 12 individuals. Overall, the concentrations were higher than all previous measurements of brain aluminium except cases of known aluminium-induced encephalopathy.” – Dr Christopher Exeley

Scandalously, for the volunteer patients that were included in the seven separate pre-clinical studies that Merck researchers performed, the researchers did NOT do any questioning of any of the study participants beyond 15 days after each of the series of 3 intramuscular vaccinations had been completed!! Therefore no safety studies beyond the exceedingly short-term were done and thus the “vaccine/industrial complex” has no justification in insisting that Gardasil is safe!!

Scandalously, the study participants were actually not questioned, but were simply told to fill out Vaccine Report Cards (VRCs) and send them in at 15 days following the most recent of the 3 injections!!

Scandalously, 5 of the 7 clinical trials used an aluminum adjuvant – instead of a saline control – as a “placebo”!!

Scandalously, only one of the 7 studies was properly controlled with a true saline placebo.

Scandalously, the seventh trial was totally uncontrolled!!

Scandalously, the seven groups of active vs. “placebo” were lumped together in the study’s conclusions, which made adequate interpretation of efficacy essentially impossible!!

Scandalously, the so-called “placebo” that was used in the vast majority of the trials was the known neurotoxin, Amorphous Aluminum Hydroxyphosphate Sulfate (AAHS), which was the very same adjuvant that was – and still is – in the active Gardasil shot!!

Scandalously, aluminum-containing AAHS, the highly neurotoxic and autoimmunity-inducing adjuvant, is in many other childhood and adult vaccines and is known to accumulate in the body with each injection!!

Scandalously, no mention was made by Merck that aluminum was in the so-called “placebo” shots until page 12 of the 28-page product information insert – and the amount of aluminum was only mentioned once!!

Scandalously, the participants that did not complete the entire series of 3 vaccinations were dropped from the final tabulations, meaning that those who died or had any of the most serious adverse outcomes (the reason for dropping out) were not included in the final statistics, deceptively minimizing negative outcomes!!

Scandalously, any trial drop-outs that died, had a stroke, developed seizure disorders, had a heart attack or had other serious adverse outcomes such as one of the many autoimmune disorders were not listed in the literature or product inserts if the victim did not receive all three shots!!

The following information is taken directly from Merck’s Gardasil product insert that accompanies each vial of vaccine and is to be made available to prospective patients before they give their consent:

The High Incidence of Headaches Following the Gardasil Vaccine Experiment is Likely Due to the Aluminum Adjuvant

The incidence of new-onset headaches in this healthy, previously headache-free population, for example, was the most commonly-reported systemic adverse reaction – with an incidence of 28% in both active and “placebo” treatment groups!!

(Note that Gardasil recipients experienced an incidence of > 28.2% and the aluminum-adjuvanted [AAHS] “placebo controls” had a headache incidence of > 28.4%!!)

This high incidence of serious headaches was highly likely a sign of cerebral vasculitis, which could then cause many of the other adverse effects commonly seen in these previously well patients including chronic fatigue syndrome, seizure disorders, narcolepsy, psychological illnesses or death!!

Among the causes of death listed in the product insert from 2010, there was printed the following Gardasil-associated deaths among the scrupulously-screened, exceptionally healthy study participants that completed the series of 3 shots:

- 2 deaths from sepsis,

- 1 death from pancreatic cancer,
- 1 fatal arrhythmia,
- 1 death from pulmonary tuberculosis, 1 death from hyperthyroidism,
- 1 death from post-operative pulmonary embolism and acute renal failure,
- 1 death from cardiac arrest and resultant traumatic brain injury, 1 death from systemic lupus erythematosus,
- 1 death because of a stroke,
- 1 death from breast cancer, and 1 death from nasopharyngeal cancer.

In the AAHS/aluminum adjuvant-containing, alleged "placebo" group there was reported:

- 1 death from "asphyxia",
- 1 death from acute lymphocytic leukemia,
- 1 death from "chemical poisoning" and
- 1 death from myocardial infarction.
- Significantly, zero deaths occurred in the true saline placebo group.

Fully-informed Consent to Potentially-Risky Medical Treatments Used to be a Part of Medical Ethics

The following Patient Counseling Information comes from the FDA-approved, Merck-generated 2010 Product Information Insert that licensed health practitioners (or the individuals delegated by them to inject the Gardasil) were advised to inform prospective vaccinees (or their parents or guardians) prior to proceeding with the potentially-dangerous, possibly even less-than-useless Gardasil vaccination protocol. (No Gardasil recipient has yet lived long enough to know if the vaccine will have actually prevented cervical cancer!)

It is highly likely that Merck's legal advice below is not being followed by the vast majority of America's medical professionals, whose clinics are profiting heavily by promoting Gardasil vaccinations (HPV vaccines are the most expensive vaccines in the history of the world) for their previously healthy adolescent female patients, who won't know if it was worth all the shots and costs and risks of chronic illnesses until their reach their mid-40s – the peak age at which the diagnosis of cancer of the uterine cervix is made.

No matter, for patients harmed or killed by ANY vaccine – whether or not they were warned about adverse effects – cannot sue vaccine manufacturers, marketers or the vaccine-injecting medical profession for injuries or deaths. Scandalous!!

Most of the following excerpts are verbatim quotes from the product insert:

Patient counseling information for Gardasil vaccinations

1. *Vaccination does not eliminate the necessity for women to continue to undergo recommended cervical cancer screening.*
2. *Women who receive GARDASIL should continue to undergo cervical cancer screening per standard of care.*
3. Recipients of GARDASIL should not discontinue anal cancer screening if it has been recommended by a health care provider.
4. *GARDASIL has NOT been demonstrated to provide protection against disease from vaccine and non-vaccine HPV types* to which a person has previously been exposed through sexual activity.

5. *Since syncope (fainting) has been reported following vaccination sometimes resulting in falling with injury, observation for 15 minutes after administration is recommended.*
6. *Vaccine information is required to be given with each vaccination to the patient, parent, or guardian.*
7. Information regarding benefits and risks associated with vaccination.
8. GARDASIL is not recommended for use in pregnant women.
9. Importance of completing the immunization series unless contraindicated.
10. *Report any adverse reactions to their health care provider*

The remainder of this article contains information that was obtained directly from the Gardasil package insert (and sometimes paraphrased from what was printed there). I have also bolded, enlarged and/or italicized some of the words or phrases to point out and/or emphasize the not-so-subtle, frequent obfuscation of data that the FDA allowed Merck to publish, data which likely was designed to distort (or at least put a positive spin on) the information – for both patients and physicians: 5.1 Syncope Because vaccinees may develop syncope (fainting shortly after a Gardasil shot), sometimes resulting in injury, observation for 15 minutes after administration is recommended. Syncope, sometimes associated with *tonic-clonic movements and other seizure-like* activity, has been reported following vaccination with GARDASIL When syncope is associated with tonic-clonic movements *(tonic/clonic movements ARE SEIZURES!!),* the activity is *usually* transient and *typically* responds to restoring cerebral perfusion by maintaining a supine or Trendelenburg position.

Some vaccine victims died, some had strokes, some had heart attacks, some developed chronic epilepsy, some developed chronic fatigue syndrome, etc.

Table 5: Common Systemic Adverse Reactions in Girls and Women 9 Through 26 Years of Age

(GARDASIL ≥ Control) Adverse Reactions (*1 to 15 Days Postvaccination*) GARDASIL (N = 5088) AAHS/aluminum adjuvant "placebo" (N = 3790)

Fever 13% with Gardasil; 11.2% with AAHS/Aluminum adjuvant "placebo", Nausea 6.7% Gardasil; 6.5% Aluminum, Dizziness 4.0% Gardasil; 3.6% Aluminum Diarrhea 3.6% Gardasil; 3.5% Aluminum Vomiting 2.4% Gardasil; 1.9% Aluminum Cough 2.0% Gardasil; 1.5% Aluminum Toothache, Upper respiratory tract infection, Malaise, Arthralgia, Insomnia, Nasal congestion all had an incidence over 1.0%. Many other adverse effects that had an incidence of less than 1.0% were not listed.

6.1 Clinical Trials Experience Studies in Girls and Women (ages 9 Through 45) and Boys and Men (9 Through 26 Years of Age) 18,083 individuals were administered GARDASIL or aluminum/AAHS "placebo" or saline placebo on the day of enrollment, and approximately 2 and 6 months thereafter, and safety was evaluated using Vaccination Report Cards (VRC) for 14 days after each injection. The individuals that were monitored using the Vaccination Report Cards included 10,088 individuals 9 through 45 years of age at enrollment who received GARDASIL and 7,995 individuals who received the aluminum "placebo" or the saline true placebo.

99.8% of trial participants continued to the end of the 6-month trial despite many of them suffering significant adverse effects from both the vaccine and the aluminum adjuvant.

Table 9: Summary of Girls and Women 9 Through 26 Years of Age Who Reported an Incident Condition Potentially Indicative of a Systemic Autoimmune Disorder After Enrollment in Clinical Trials *(Recall that Aluminum adjuvants have a long history of causing autoimmune disorders. It should be required for everybody to read and understand the extensive scholarly literature that had led to the identification of the ASIA Syndrome = "Autoimmune/Inflammatory Syndrome Induced by Adjuvants" here.*

Note: Patients with the vaccine-induced ASIA Syndrome commonly present with post-vaccination symptoms such as *chronic fatigue syndrome, cognitive impairment, arthralgias, myalgias, fevers, dry eyes and dry mouth, symptoms that are totally compatible with the ASIA Syndrome and are now found to occur following Gardasil vaccinations. Included are some of these disorders:*

1. *Arthralgia/Arthritis/Arthropathy 120 Gardasil-injected volunteers reported arthropathic signs and symptoms that were compatible with autoimmune arthropathies (and the ASIA Syndrome). 98 aluminum-adjuvanted "control group" members also reported arthropathies.*
2. There were *10 cases of Insulin Dependent Diabetes Mellitus* (a known autoimmune disorder) in the Gardasil group and there were *6 cases of IDDM* among the *aluminum-adjuvant group.*
3. Also occurring among these previously totally healthy groups of young women were cases of these autoimmune, ASIA disorders: *Autoimmune Thyroiditis, Celiac Disease, Erythema Nodosum, Hyperthyroidism, Hypothyroidism, Inflammatory Bowel Disease, Multiple Sclerosis, Nephritis, Optic Neuritis, Pigmentation Disorder, Psoriasis, Raynaud's Phenomenon, Rheumatoid Arthritis, Scleroderma/Morphea, Stevens-Johnson Syndrome, Systemic Lupus Erythematosus, Uveitis.*

6.2 Post-marketing Experience The following adverse events have been spontaneously reported during post-approval use of GARDASIL. Because these events were reported voluntarily *(unsolicited)* from a population of uncertain size, it is not possible to reliably estimate their frequency or to establish a causal relationship to vaccine exposure.

Blood and lymphatic system disorders: Autoimmune hemolytic anemia, Idiopathic *(autoimmune)* thrombocytopenic purpura, Lymphadenopathy. Respiratory, thoracic and mediastinal disorders: Pulmonary embolus. Gastrointestinal disorders: Nausea, Pancreatitis, Vomiting.

General disorders and administration site conditions: Asthenia, Chills, Death, Fatigue, Malaise. Immune system disorders: Autoimmune diseases, Hypersensitivity reactions including anaphylactic/anaphylactoid reactions, Bronchospasm/Asthma, and Urticaria. Musculoskeletal and connective tissue disorders: Arthralgia, Myalgia. Nervous system disorders: Acute disseminated encephalomyelitis, Dizziness, Guillain-Barré syndrome, Headache, Lower motor neuron disease, Paralysis, Seizures, Syncope (including syncope associated with tonic/clonic movements and other seizure-like activity) sometimes resulting in falling with injury, Transverse myelitis.

Infections and infestations: Cellulitis. Vascular disorders: Deep venous thrombosis GARDASIL is not indicated for women 27 years of age or older. However, safety data in women 16 through 45 years of age was collected, and 3819 women (GARDASIL N = 1894 vs. AAHS control *(aluminum adjuvant)* or saline placebo N = 1925) reported at least 1

pregnancy each. The overall proportions of pregnancies that resulted in an adverse outcome, defined as the combined numbers of: Spontaneous abortion, Late fetal death, and Congenital anomalies (45 cases in Gardasil vaccinees and 34 cases in aluminum-adjuvanted "placebo cases)out of the total number of pregnancy outcomes for which an outcome was known (and excluding elective terminations), were 22.6% (446/1973) in women who received GARDASIL and 23.1% (460/1994) in women who received AAHS control or saline placebo. Overall, 55 and 65 women in the group that received GARDASIL or AAHS control or saline placebo, respectively (2.9% and 3.4% of all women who reported a pregnancy in the respective vaccination groups), experienced a serious adverse reaction during pregnancy.

There were 45 cases of congenital anomaly in pregnancies that occurred in women who received GARDASIL and 34 cases of congenital anomaly in pregnancies that occurred in women who received AAHS control or saline placebo. Further sub-analyses were conducted to evaluate pregnancies with estimated onset within 30 days or more than 30 days from administration of a dose of GARDASIL or AAHS control or saline placebo. For pregnancies with estimated onset within 30 days of vaccination, 5 cases of congenital anomaly were observed in the group that received GARDASIL compared to 1 case of congenital anomaly in the group that received AAHS control or saline placebo.

The congenital anomalies seen in *(Gardasil-affected)* pregnancies with estimated onset within 30 days of vaccination included

Pyloric stenosis, Congenital megacolon, Congenital hydronephrosis, Hip dysplasia, and Club foot.

Conversely, in pregnancies with onset more than 30 days following vaccination, 40 cases of congenital anomaly were observed in the group that received GARDASIL compared with 33 cases of congenital anomaly in the group that received AAHS (aluminum!) "control" or saline placebo.

GARDASIL or AAHS control were given to a total of 1133 *(breast-feeding)* women (vaccine N = 582, AAHS control N = 551) during the relevant Phase 3 clinical studies.

Overall, 27 and 13 infants of women who received GARDASIL or AAHS control, respectively (representing 4.6% and 2.4% of the total number of women who were breast-feeding during the period in which they received GARDASIL or AAHS control, respectively), experienced a serious adverse reaction. In a post-hoc analysis of clinical studies, a higher number of breast-feeding infants (n = 7) whose mothers received GARDASIL had acute respiratory illnesses within 30 days post vaccination of the mother as compared to infants (n = 2) whose mothers received AAHS control.

11. DESCRIPTION GARDASIL, Human Papillomavirus Quadrivalent (Types 6, 11, 16, and 18) Vaccine, Recombinant, is a non-infectious recombinant quadrivalent vaccine prepared from the purified *virus-like particles (VLPs)* of the major capsid (L1) protein of HPV Types 6, 11, 16, and 18. The L1 proteins are produced by separate fermentations in recombinant Saccharomyces cerevisiae and self-assembled into VLPs.

The fermentation process involves growth of S. cerevisiae on chemically-defined fermentation media which include vitamins, amino acids, mineral salts, and carbohydrates. The VLPs are released from the yeast cells by cell disruption and purified by a series of chemical and physical methods.

The purified Virus-Like Particles are adsorbed on pre-formed aluminum-containing adjuvant (Amorphous Aluminum Hydroxyphosphate Sulfate).

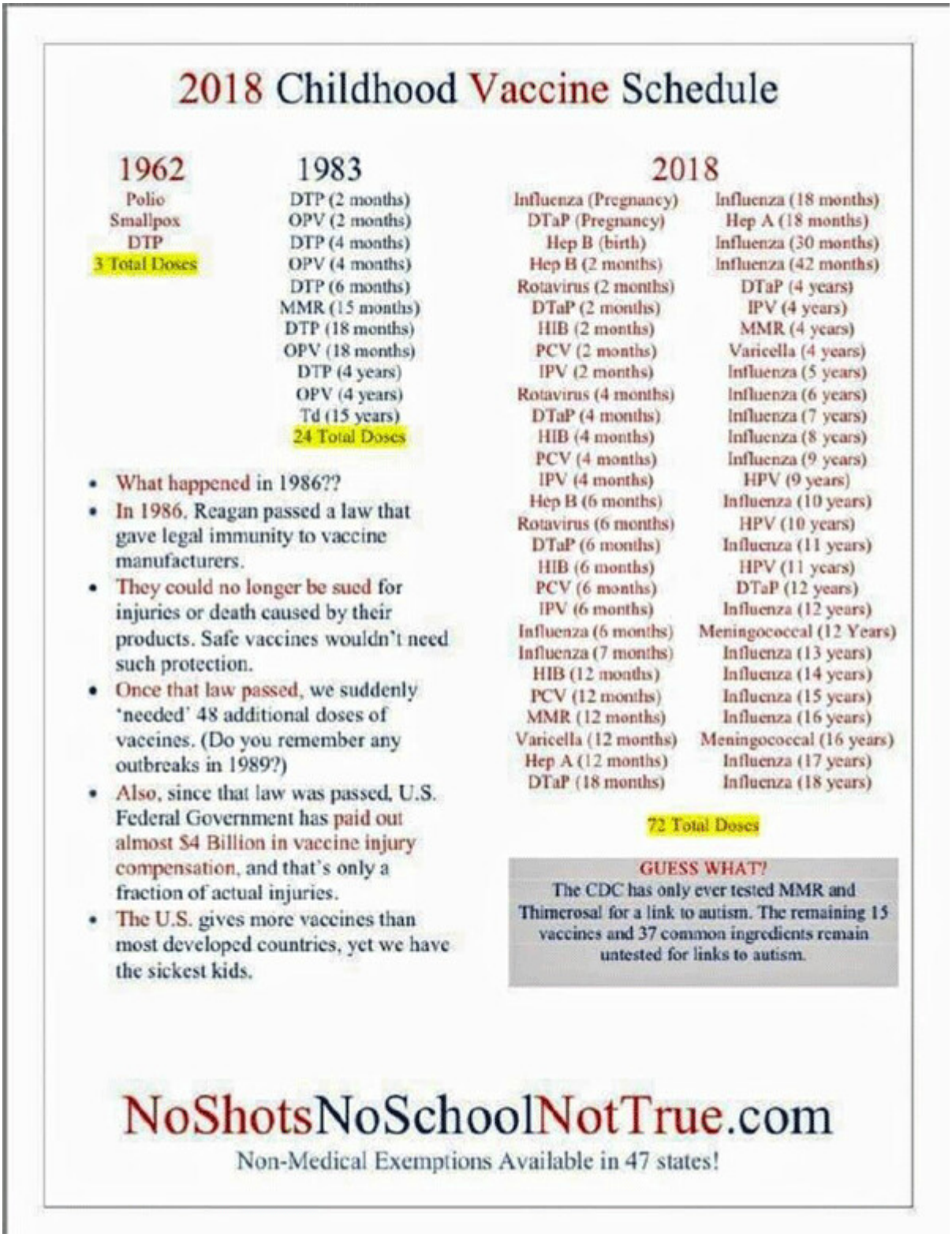
The quadrivalent HPV VLP vaccine is a sterile liquid suspension that is prepared by combining the adsorbed VLPs of each HPV type and additional amounts of the aluminum-containing adjuvant and the final purification buffer. GARDASIL is a sterile suspension for intramuscular administration.

Each 0.5-mL dose contains approximately 20 mcg of HPV 6 L1 protein, 40 mcg of HPV 11 L1 protein, 40 mcg of HPV 16 L1 protein, and 20 mcg of HPV 18 L1 protein.

Each 0.5-mL dose of the vaccine contains approximately 225 mcg of aluminum (as Amorphous Aluminum Hydroxyphosphate Sulfate adjuvant), 9.56 mg of sodium chloride, 0.78 mg of L-histidine, *50 mcg of polysorbate 80,* 35 mcg of sodium borate. And yet, despite the fact that there is no proof that Gardasil has prevented a single case of cervical cancer, the CDC website does not dare to discuss the details and personal stories of the thousands of young, previously health young women that experienced serious, even fatal, adverse effects both before the costly vaccine was marketed and after it was sanctioned by the CDC, the AAFP and the AAP.

Indeed, the CDC's website (https://www.cdc.gov/vaccinesafety/pdf/data-summary-hpv-gardasil-vaccine-is-safe.pdf) reassuringly states, totally ignoring the warnings in the Gardasil product insert that medical ethicists say must be revealed to the patient or guardian prior to a vaccine injection or a drug prescription – per the age-old medical ethical standard of "fully informed consent":

"The Centers for Disease Control and Prevention, American Academy of Family Physicians, and American Academy of Pediatrics strongly recommend children receive all vaccines according to the recommended schedule."



Here is that CDC-recommended schedule that is now mandatory, no questions to be asked, in California: After studying it and trying to calculate exactly how much injected mercury, aluminum, live viruses and the various impurities that the schedule will deliver to any California child that wants to go to public school, it is important to ask any physician that orders their patients to comply with the CDC schedule (exactly as posted) any of the questions listed further below this 2018 schedule that contrasts the number of vaccinations from previous years. This totally accurate diagram is posted at: http://somehelpful.info/Science/Vaccination-Russian-roulette.html.

After being enlightened about America's mandated, obvious over-vaccination schedule, are

there any Questions?

Such as:

1. What might happen if my baby doesn't take ALL of the vaccines?
2. What might happen if I delay having my baby start the vaccine schedule until he/she has reached blood-brain barrier and immunological maturity?
3. Why are the unvaccinated people that I know also the healthiest people, the ones with the fewest chronic illnesses, the ones that aren't on cocktails of potentially toxic drugs, the ones with no autoimmune disorders and the ones that never catch the flu anyway?
4. What if there is a mis-match between the influenza viruses that circulated in Australia during their flu season last year and the viral antigens that were chosen to be included in the current flu shot?
5. What if I had an adverse reaction to a previous vaccine, should I still be vaccinated with that shot? (And what is the strength of the evidence for your recommendation that my baby stick to the CDC's mandated schedule?)
6. What if there is a family history of vaccine adverse effects?
7. Why should I have my baby follow the CDC schedule when my autistic first baby had his first seizure, near-SIDS event and his first autistic symptoms immediately after a cocktail of vaccinations that was given at your clinic?
8. Did your medical school only teach you about the benefits of vaccinations and not about the actual risks?
9. Were your medical school professors actual practicing physicians or were they mainly academically-oriented and therefore with minimal practical experience in pediatric patient care?

And here are some enlightening and very useful quotes from Robert F. Kennedy, Jr, who knows more and is more articulate about vaccines and the dangers of over-vaccinating American children than 99% of US physicians and 99.9% of US politicians.

> *"For American kids born in 1986, only 12.8% had chronic diseases (especially autoimmune disorders). That number has grown to 54% among the vaccine generation (those born after 1986) in lockstep with the expanding schedule."*

> *"Safety testing, which typically requires months and years for other medical products, often lasts only a few days with vaccines – not nearly long enough to spot cancers or chronic conditions like autoimmune diseases (e.g., juvenile, insulin dependent diabetes mellitus, rheumatoid arthritis, lupus, multiple sclerosis), allergic illnesses (e.g., food allergies, allergic rhinitis, eczema, asthma), or neurological and neurodevelopmental injuries (e.g., ADD, ADHD, narcolepsy, seizure disorders, and the spectrum of autistic disorders). The vaccine inserts that accompany every vial of mandated vaccines include warnings about these and over 400 other injuries including many serious immune, neurological, and chronic illnesses for which FDA suspects that vaccines may be the cause." "Many of these illnesses became epidemic in American children after 1986, coterminous with the exploding vaccine schedule. For American kids born in 1986, only 12.8% had chronic diseases. That number has grown to 54% among the vaccine generation (those born after 1986) in lockstep with the expanding schedule."*

> *"The children who comprise this vaccine-injured generation are now aging out of schools that needed to build quiet rooms and autism wings, install wobble chairs, hire*

security guards and hike special ed spending to 25% to accommodate them. They are landing on the social safety net which they threaten to sink. As lawmakers all around the nation vote to mandate more vaccines and call for the censorship of experts (including parents of vaccine-injured or killed children) that are expressing concerns about vaccine safety, Democratic Presidential candidates argue about how to fix America's dysfunctional and unaffordable health care system without addressing the reality of the vaccine-related chronic disease and autoimmune disorder epidemic. The good news for Big Pharma, of course, is that many of these vaccine-injured children have lifelong dependencies on blockbuster drugs like insulin, Adderall, anti-psychotic drugs, Epi-Pens, asthma inhalers, and diabetes, arthritis, and anti-seizure meds made by the same companies that made the vaccines."

"An overwhelming majority of the FDA officials directly charged with licensing vaccines, and the CDC officials who effectively mandate them for children, have personal financial entanglements with vaccine manufacturers. These "public servants" are often shareholders in, grant recipients from, and/or paid consultants to vaccine manufacturers, and, occasionally, even patent holders of the very vaccines they vote to approve. Those conflicts of interest motivate them to recommend ever more vaccines with minimal support from evidence-based science" – Robert F. Kennedy, Jr.

"The FDA receives 45% of its annual budget from the pharmaceutical industry. The World Health Organization (WHO) gets roughly half its budget from private sources, including Pharma and its allied foundations. And the CDC, frankly, is a vaccine company; it owns 56 vaccine patents and buys and distributes $4.6 billion in vaccines annually through the Vaccines for Children program, which is over 40% of its total budget." — Robert F. Kennedy, Jr

"An overwhelming majority of the FDA officials directly charged with licensing vaccines, and the CDC officials who effectively mandate them for children, have personal financial entanglements with vaccine manufacturers. These "public servants" are often shareholders in, grant recipients from, and/or paid consultants to vaccine manufacturers, and, occasionally, even patent holders of the very vaccines they vote to approve. Those conflicts of interest motivate them to recommend ever more vaccines with minimal support from evidence-based science" – Robert F. Kennedy, Jr.

"The FDA receives 45% of its annual budget from the pharmaceutical industry. The World Health Organization (WHO) gets roughly half its budget from private sources, including Pharma and its allied foundations. And the CDC, frankly, is a vaccine company; it owns 56 vaccine patents and buys and distributes $4.6 billion in vaccines annually through the Vaccines for Children program, which is over 40% of its total budget." — Robert F. Kennedy, Jr

"The HHS (US Health and Human Services partners with vaccine makers to develop, approve, recommend, and pass mandates for new products and then shares profits from vaccine sales. HHS employees can personally collect up to $150,000 annually in royalties for products they work on. For example, key HHS officials collect money on every sale of Merck's controversial HPV vaccine Gardasil, which also yields tens of millions annually for the agency in patent royalties." — Robert F. Kennedy, Jr

"In 1986, Congress—awash in Pharma money (the pharmaceutical industry is number one for both political campaign contributions and lobbying spending on legislators over

the past 20 years) enacted a law granting vaccine makers blanket immunity from liability for injuries caused by vaccines. The subsequent gold rush by pharmaceutical companies boosted the number of recommended inoculations from twelve shots of five vaccines in 1986 to 54 shots of 13 vaccines today. A billion-dollar sideline grew into the $50 billion vaccine industry behemoth." — Robert F. Kennedy, Jr

"Since vaccines are liability-free – and effectively compulsory to a captive market of 76 million children – there is meager market incentive for companies to make them safe. The public must rely on the moral scruples of Merck, GlaxoSmithKline, Sanofi, and Pfizer. But these companies have a long history of operating recklessly and dishonestly, even with (the many non-vaccine) products that they must market to the public and for which they can be sued for injuries. The four companies that make virtually all of the recommended vaccines are all convicted felons. Collectively they have paid over $35 billion since 2009 for defrauding regulators, lying to and bribing government officials and physicians, falsifying science, and leaving a trail of injuries and deaths from products they knew to be dangerous and still sold under pretense of safety and efficacy." – Robert F. Kennedy, Jr

Addenda:

1. The Health Resources Services Administration runs an under-advertised Vaccine Injury Compensation Program (VICP). Information on how to file a vaccine injury claim is available at (https://www.hrsa.gov/vaccine-compensation/data/index.html).
2. Scandalously, even your neighborhood pharmacy has been given approval to have poorly trained, vaccinology-ignorant sales staff, who don't know a deltoid muscle from a triceps, to inject the full-gamut of 13 adult vaccines into anybody who asks for one or more of them at the store!! One wonders: Are risks or contraindications even inquired about? Is the concept of fully informed consent understood by the pharmacy employees when potentially toxic medical procedures are offered? Since vaccine-makers and physician clinics and hospitals are free from liability, does that hold for pharmacies as well?

*

Note to readers: please click the share buttons above or below. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

Dr Gary G. Kohls is a retired American family physician who practiced holistic (non-drug) mental health care during the last decade of his professional career. His patients came to see him asking for help in getting off the psychotropic drugs to which they were addicted and which they knew had sickened them and disabled their brains and bodies. He was successful in helping significant numbers of his patients get off or cut down on their cocktails of drugs using a time-consuming program that was based on psychoeducational psychotherapy, brain nutrient therapy and a program of gradual, closely monitored drug withdrawal.

He warns against the abrupt discontinuation of any psychiatric drug – legal or illicit – because of the common, often serious withdrawal symptoms that can occur in patients who have been taking such drugs. It is important to be treated by an aware, informed physician who is familiar with treating drug withdrawal syndromes and brain nutritional needs.

Dr. Gary G. Kohls is a frequent contributor to Global Research

---