

30 years of secret, official transcripts prove vaccine schedules in US and UK are based on government lies

Op 1-8-2012 kreeg ik via *NaturalNews* een beschrijving binnen van een paper door Dr. Lucija Tomljenovic met wie ik al eerder in contact kwam. Die paper telt 45 bladzijden en kan via een nog te noemen website worden gedownload. Wat de lezer van die paper kan verwachten wordt in het hieronder geciteerde stuk weergegeven. Dit stuk sluit aan bij de reeds eerder weergegeven opsomming van 31 feiten die reeds in 1988 bekend waren.

[...] (Naturalnews) A comprehensive investigation into the inner workings of the U.K.'s nationalized healthcare system has revealed a shocking legacy of corruption and lies concerning the country's vaccine policy. According to Dr. Lucija Tomljenovic, Ph.D., from the University of British Columbia in Canada, the advisory and governing bodies that set vaccination policy in the U.K. have, for many decades now, hidden the truth about vaccine dangers, and deliberately pushed unsafe vaccines on the public in order to uphold the official vaccination schedule.

Official documents uncovered from secret meetings of the U.K.'s Joint Committee on Vaccination and Immunisation (JCVI), an independent body that helps set vaccination schedule policy in the U.K., reveal that JCVI ignores independent data showing vaccines to be unsafe, and reinforces questionable data produced by vaccine companies claiming that vaccines are safe. The group also discourages all research that might question the safety of vaccines, and knowingly lies to parents in order to increase the overall vaccination compliance rate.

“The JCVI made continuous efforts to withhold critical data on severe, adverse reactions and contraindications to vaccinations to both parents and health practitioners in order to reach overall vaccination rates which they deemed were necessary for ‘herd immunity’, a concept which with regards to vaccination, and contrary to prevalent beliefs, does not rest on solid scientific evidence,” writes Dr. Tomljenovic in her paper.

“Official documents obtained from the U.K. department of Health (DH) and the JCVI reveal that the British health authorities have been engaging in such practice for the last 30 years, apparently for the sole purpose of protecting the national vaccination program.”

The 45-page paper blows the lid off the myth that government vaccination policy is based on sound science, and instead shows that vaccine advisory committees, which help set vaccine policy, are typically padded with vaccine industry shills that specifically promote vaccines in spite of evidence showing their dangers. This has been true in the U.K. since at least the early 1980s, and it is certainly true in the U.S. as well.

Dr. Tomljenovic explains: for instance, how JCVI has known since as early as 1981 that the measles vaccine, which is a part of the government's official vaccine schedule, is linked to long-term neurological damage and death. She also outlines, with full citations, evidence showing that JCVI has long been aware that many of scheduled vaccines cause permanent brain damage in children, but have continued to promote those vaccines anyway.

JCVI knew MMR vaccine was capable of causing brain damage
Another stunning discovery in Dr. Tomljenovic's paper deals with the MMR vaccine, and how JCVI was aware that this controversial jab can cause brain damage. The transcript from a

1990 meeting of the JCVI CSM/DH Joint Sub-Committee on Adverse Reactions notes that JCVI was aware that MMR was definitely linked to causing at least 10 known cases of both meningitis and encephalitis.

JCVI addressed the issue of MMR safety again in 1991, noting that in a follow-up review of the earlier cases of meningitis and encephalitis that were definitely linked to the vaccine, two of the children developed permanent neurological damage as a result. One other developed behavioral problems, which are linked to autism, and another developed cerebral astrocytoma, a type of brain tumor. None of this critical information was publicly disclosed.

You can read Dr. Tomljenovic's full 45-page paper on vaccine corruption here:
<http://www.ecomed.org.uk/wp-content/uploads/2011/09/3-tomljenovic.pdf>

[...]

Nog meer vaccinatiefraude

Op 4-10-2012 ontving ik een boodschap van the National Center for Biotechnology (NCBI) at the U.S. National Library of Medicine (NLM) met een samenvatting van een nieuw artikel door dr. Lucija Tomljenovic en collega's: ***Human Papillomavirus (HPV) Vaccines as an Option for Preventing Cervical Malignancies: (How) Effective and Safe?***, *Curr Pharm Des.* 2012 Sep 24. PMID: 23016780 (PubMed – as supplied by publisher). Ik citeer deze samenvatting van een artikel dat ook weer wetenschappelijke fraude betreffende vaccinaties blootlegt:

[...] We carried out a systematic review of HPV vaccine pre- and post-licensure trials to assess the evidence of their effectiveness and safety. We find that HPV vaccine clinical trials design, and data interpretation of both efficacy and safety outcomes, were largely inadequate. Additionally, we note evidence of selective reporting of results from clinical trials (i.e., exclusion of vaccine efficacy figures related to study subgroups in which efficacy might be lower or even negative from peer-reviewed publications). Given this, the widespread optimism regarding HPV vaccines long-term benefits appears to rest on a number of unproven assumptions (or such which are at odd with factual evidence) and significant misinterpretation of available data. For example, the claim that HPV vaccination will result in approximately 70% reduction of cervical cancers is made despite the fact that the clinical trials data have not demonstrated to date that the vaccines have actually prevented a single case of cervical cancer (let alone cervical cancer death), nor that the current overly optimistic surrogate marker-based extrapolations are justified. Likewise, the notion that HPV vaccines have an impressive safety profile is only supported by highly flawed design of safety trials and is contrary to accumulating evidence from vaccine safety surveillance databases and case reports which continue to link HPV vaccination to serious adverse outcomes (including death and permanent disabilities). We thus conclude that further reduction of cervical cancers might be best achieved by optimizing cervical screening (which carries no such risks) and targeting other factors of the disease rather than by the reliance on vaccines with questionable efficacy and safety profiles [...]

In september 2012 verscheen van de hand van Lucija Tomljenovic en Chris Shaw in het vakblad van de *American Society of Law, Medicine & Ethics, Inc.* het artikel ***Too Fast or Not Too Fast: The FDA's Approval of Merck's HPV Vaccine Gardasil.*** Ik citeer de samenvatting:

[...] Abstract

There are not many public health issues where views are as extremely polarized as those concerning vaccines, and Merck's HPV vaccine Gardasil is a case in point. Ever since gaining the FDA's approval in 2006, Merck has been heavily criticized for their overly aggressive marketing strategies and lobbying campaigns aimed at promoting Gardasil as a mandatory vaccine. Subsequently, questions have been raised as to whether it was appropriate for vaccine manufacturers to partake in public health policies when their conflicts of interests are so obvious. Some of their advertising campaign slogans, such as "cervical cancer kills x women per year" and "your daughter could become one less life affected by cervical cancer," seemed more designed to promote fear rather than evidence-based decision making about the potential benefits of the vaccine. Although, conflicts of interests do not necessarily mean that the product itself is faulty, marketing claims should be carefully examined against factual science data. Currently Gardasil vaccination is strongly recommended by the U.S. and other health authorities while public concerns about safety and efficacy of the vaccine appear to be increasing. This discrepancy leads to some important questions that need to be resolved. The current review examines key issues of this debate in light of currently available evidence [...]

In oktober 2012 verscheen in *Pharmaceutical Regulatory Affairs: Open Access (Special Issue 2012. S12-001)* het artikel ***Death after Quadrivalent Human Papillomavirus (HPV) Vaccination: Causal or Coincidental?***, door Lucija Tomljenovic and Christopher A Shaw. Hieronder volgt de samenvatting van dit artikel:

[...] Abstract:

Background: The proper understanding of a true risk from vaccines is crucial for avoiding unnecessary adverse reactions (ADRs). However, to this date no solid tests or criteria have been established to determine whether adverse events are causally linked to vaccinations.

Objectives: *This research was carried out to determine whether or not some serious autoimmune and neurological ADRs following HPV vaccination are causal or merely coincidental and to validate a biomarker-based immunohistochemical (IHC) protocol for assessing causality in case of vaccination-suspected serious adverse neurological outcomes.*

Methods: *Post-mortem brain tissue specimens from two young women who suffered from cerebral vasculitis-type symptoms following vaccination with the HPV vaccine Gardasil were analysed by IHC for various immuno-inflammatory markers. Brain sections were also stained for antibodies recognizing HPV-16L1 and HPV-18L1 antigen which are present in Gardasil.*

Results: *In both cases, the autopsy revealed no anatomical, microbiological nor toxicological findings that might have explained the death of the individuals. In contrast, our IHC analysis showed evidence of an autoimmune vasculitis potentially triggered by the cross-reactive HPV-16L1 antibodies binding to the wall of cerebral blood vessels in all examined brain samples. We also detected the presence of HPV-16L1 particles within the cerebral vasculature with some HPV-16L1 particles adhering to the blood vessel walls. HPV-18L1 antibodies did not bind to cerebral blood vessels nor any other neural tissues. IHC also showed increased T-cell signaling and marked activation of the classical antibody-dependent complement pathway in cerebral vascular tissues from both cases. This pattern of complement activation in the absence of an active brain infection indicates an abnormal triggering of the immune response in which the immune attack is directed towards self-tissue.*