

Vaccination's Dilemma: Unsafe at Any Dose

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The CDC and advocates for mandatory vaccination consistently repeat a dangerous mantra that finds no warranted basis in medical science. This monolithic industry, now a massive network of private and government institutions, state senates, and supported by a compliant media, want us to believe that science has finally settled the debate over vaccine safety and efficacy. All the data is in, so we are told, and no further research and discussion is necessary because vaccines have been officially ruled to pose no neurological and immunological risk to infants, children, pregnant mothers, adults and the elderly. This official policy is founded upon flawed premises and a primitive understanding about the complexities of the human body and its multifaceted immunological system.

This argument's fallacy is actually quite simple. Valid science is never settled. The myth of "settled science," which is especially endemic to the biological and medical sciences that rely on private financial interests, is sheer propaganda. Valid science, on the other hand, constantly seeks new discoveries to acquire further knowledge and greater understanding. The pursuit to fully comprehend the complexity of our biological, immunological and physiological systems, therefore, is in perpetual infinite regress. Today's justifications for medical intervention, whether by drugs or vaccines, eventually become tomorrow's barbarities as science further penetrates the hidden functions and operations of the human organism. Hence, valid medical research should elicit new questions and not settle upon incomplete facts that are then proselytized as universal truths.

A medical science that refuses to ask new questions and settles upon disputed beliefs to sustain an industry's financial portfolio is Scientism, a quasi-faith-based creed now institutionalized to promulgate repressive laws. These laws then advance Scientism's authority. Unfortunately, today this accurately represents the sad state of vaccine research and vaccination policy. Modern vaccine science and conventional medicine, in general, have morphed into a new fascism, a rigid doctrine that has sacrificed the foundations of scientific integrity on the altar of institutional greed, privilege, and profit.

During the past decade, we have witnessed outbreaks of infectious disease among the fully vaccinated. We observe new viral strains appearing that escape current immunization. There are rising rates in autism and neurological disorders and increases in autoimmune conditions never before observed in large percentages of children. And there is a growing body of research pointing to vaccination's adverse effects upon our immune systems. All of these trends, and many more, give sufficient reason to undertake a serious review of official claims over vaccine safety and efficacy. The evidence for the alarming rates in childhood illnesses parallel to the ever-increasing number of childhood vaccinations and the government's ridiculous one-size-fits-all policy behind mass, indiscriminate vaccination should convince us that vaccine safety is far from a settled matter.

The official CDC position on vaccines is that they are "unavoidably unsafe." As New York University's professor of law Mary Holland has repeatedly stated, the CDC can't have it both ways. Vaccines

cannot be simultaneously safe and unsafe. Yet, by mincing terms, spinning propaganda, and misinterpreting and manipulating scientific research to whitewash vaccine's life-threatening risks, this is what the government pressures parents to believe.¹

If we can accept the claim that vaccines are "unavoidably unsafe," then the question is how unsafe are they? And now we possess an enormous body of yet to be challenged research, clinical trials, case examples of severe vaccine injury, and court compensations paid out to families with vaccine-injured children to conclude that vaccine development has a very long way to go before a medically proven safe vaccine will ever be created. Unfortunately, it is our opinion that this research is being ignored or at best marginalized by the most rabid CDC supporters and proponents of mass vaccination.

If the most compelling and thorough medical research indicates that there is no such thing as a safe vaccine, then what are we to make about those in the growing community opposing vaccination who demand safer vaccines while claiming to be pro-vaccine?

First, we must acknowledge that all vaccines are "unavoidably unsafe"; this was a 2011 Supreme Court ruling in the *Bruesewitz versus Wyeth* case.² Therefore, all vaccines on the market are categorically unsafe. Perhaps in some distant future a vaccine, which remains only in the imagination of science fiction, will be developed to effectively and safely immunize against an infectious disease. So far, such a vaccine does not exist. Therefore, conscientious efforts to adhere to the precautionary principle and

vigilant and consistent evaluation and reevaluation of the risks and benefits of vaccination is both essential and a human right that governments should encourage, protect, and uphold.

The majority of vaccine ingredients have been shown repeatedly to have toxic consequences contributing to serious neurological and autoimmune conditions. These effects can be immediate, such as in the case of a child who undergoes seizures and is left with permanent neurological damage shortly after vaccination. Effects through repeated vaccination can also be accumulative and display symptoms many years later. In fact, there is very little scientific data, and nothing conclusive, about repeated vaccinations' long-term and accumulative immunosuppressive risks. The vaccine industry continues to rely upon outdated research, industry-funded studies, conflicts of interest with federal agencies and even scientifically irrelevant data to make its case that vaccine additives and ingredients pose no medical risks. What the industry's arsenal of research sorely lacks is biological and gold standard placebo-controlled clinical trials to support this position. In short, accepted vaccine research is little more than junk science. And junk science can make for the best propaganda to convince a population into the deception of vaccine safety. Joseph Goebbels understood this all too well when he stated, "A lie told often enough, people will believe it, and you will even come to believe it yourself."

For those who demand the removal of vaccines' toxic ingredients yet remain pro-vaccine in principle, another and perhaps darker equation of vaccine risks is being ignored or seriously misunderstood. It is not simply the aluminum compounds, ethyl mercury or thimerosal, Polysorbate 80, formaldehyde and other vaccine additives that are associated with vaccines' portfolios of risks and adverse reactions, including those listed in every vaccine manufacturing and product insert and found in the National Institutes of Health PubMed database of peer-reviewed medical literature. These compounds' neurotoxic risks are well known, and physicians, pediatricians, and scientists are increasingly being forced to acknowledge them and question the vaccine paradigm.

For example, any and every vaccine that contains aluminum, in any amount, is categorically unsafe regardless of a

person's age. This principle should be accepted as a biological and medical fact without question, yet pro-vaccinators deny it outright. In 2015, autoimmune disease researcher Dr. Yehuda Shoenfeld at Tel Aviv University published the definitive textbook on vaccines' adverse effects that are now contributing to a wide variety of autoimmune diseases, including fibromyalgia, acute disseminated encephalomyelitis, narcolepsy, connective tissue disease, rheumatoid arthritis, chronic fatigue syndrome, lupus, type 1 diabetes, and a host of others. The majority of the 37 scientific papers in Shoenfeld's *Vaccines and Autoimmunity* identify the adjuvant aluminum as a crucial culprit contributing to the epidemic rise in autoimmune disorders both in the US and abroad.³

In mid-2014, concerns over aluminum adjuvants in vaccines, and the HPV vaccine in particular, reached the French Parliament for review. Unlike scientific committee reviews conducted in the US Congress, French politicians publicly weighed in carefully on the data behind the increase in HPV vaccine-injuries in order to rule on the benefits and risks of promoting the Gardasil and other vaccines containing aluminum.⁴ France has now established a precedent for the way other governments' health officials and legislative bodies should address the growing questions toward vaccine safety.

Pro-vaccine political correctness is fundamentally based upon the faulty assumption that only known neurologically toxic ingredients, such as aluminum and mercury, need to be removed or replaced with safer compounds. There is no sound argument against the removal of these ingredients that will make vaccines safer. Federal agencies tell us that these toxic metals are in insufficient amounts to pose a toxicological risk and are readily expelled naturally by a child's body. Although no amount of aluminum and mercury in any quantity has been proven absolutely safe, when an infant receives three, four, or more vaccinations during a single doctor's visit, the amount of toxins introduced into its body mounts well above the EPA's and FDA's level of safety.

Fifteen years ago, the CDC's argument may have been sufficient to increase confidence in today's dominant vaccine paradigm. But science advances. Knowledge of the human genome, the emergence of the new science of

epigenetics, and a deeper understanding of the body's immunological activity is opening our horizons to a larger panorama of bio-molecular possibilities and the viral and bacterial activities that are forcing a growing number of scientists to conclude that we really don't know as much about vaccination's impact and risks upon the human organism as we previously thought.

If it can be ascertained that there are serious health risks from the viral and bacterial components that go into a vaccine and the genetic debris and contamination due to vaccine manufacturing's primitive technology, then the removal of toxic chemicals is insufficient for safer vaccines. However, one wishes to interpret it, vaccines introduce pathogens into the body. These pathogens interact with our body's cells and DNA in known and unknown ways. Our medical understanding about host-pathogen interactions and viral epigenetics are adolescent. For example, in 2010, researchers from the National Brain Research Center in India reported that our scientific understanding of viral "mechanisms of epigenetic control of gene expression continues to baffle scholars." What we know so far, the scientists conclude, "is still complete."⁵ Evidence suggests that undesirable viral and genetic activity introduced through vaccines is contributing to the every-increasing infectious disease outbreaks among heavily vaccinated populations, such as the April 2016 mumps outbreak at Harvard University infecting over 40 students and the many pertussis outbreaks during the past several years. That is, infected persons are mostly fully vaccinated. Consequently, we are witnessing what European scientists warned in 2012, that viral epigenetic mechanisms are steadily evading our immune systems.⁶ Therefore, vaccines are increasingly becoming ineffective as new viral strains emerge and the length of immunity provided by vaccines is lessening.

The Human Genome Project ended less than two decades ago. Genomics' new subdivision of epigenetics has only gained attention during the past ten to fifteen years. Already epigenetics is turning our earlier beliefs about DNA and genes upon its head. Barbara Lo Fisher summarizes epigenetics as "stimuli-triggered changes in gene expression that are inheritable



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► and occur independent of changes to the underlying DNA sequence.”⁶ In other areas of epigenetic and toxicological research, other than vaccine science, there is greater acceptance of environmental factors’ affects upon our body’s DNA. It is now accepted that chemicals commonly found in everyday products, such as the endocrine disruptive phthalates and bisphenol-A, are altering gene expression and creating havoc with normal hormonal activity. Food companies are increasingly becoming convinced that pesticides used in huge amounts on genetically modified crops are interfering with our bodies’ genes and are removing GMO ingredients from their products. High fructose corn syrup, processed sugar, and junk food are also becoming more widely accepted as genetic risks contributing to the dramatic increases in obesity, allergies and weakened immune systems.

Science still has very limited knowledge about how bacterial and viral genes interact with our own DNA, gene regulation, and individual genetic dispositions after being injected into the body. This remains a dark area of medical science that scientists are only recently beginning to dive deeper into. Therefore, current vaccine science, says Dr. Toni Bark, is “Frankenscience.”⁷ Doctors, physicians, CDC heads, and health officials really have very little clear idea about what we are actually injecting into our children nor its long term consequences on our natural immune systems.

Back in 1971, University of Geneva scientists published a remarkable discovery in the journal *World Medicine*. According to their study, foreign biological materials that enter directly into the blood stream can potentially become part of us and even combine with our own DNA. This activity known as “jumping genes,” and first postulated in the 1930s by Nobel laureate Barbara McClintock, still largely remains a mystery.⁸ These were some of the early precursory hypotheses and studies that would later become epigenetics.

Nevertheless, during the last dozen years biomedical and environmental research, which is unfailingly ignored and denied by the vaccine industry, is gradually mapping new terrains in our genetic understanding. Renowned British

epigenetic researcher Dr. Mae-Wan Ho from the Institute of Science in Society has observed that “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.”⁹ One day it will be conclusively shown that viral and bacterial vaccine components, as well as vaccines’ toxic chemicals, are fundamentally altering the human genome, weakening natural immunity that gives rise to autoimmune diseases, and directly contributing to both short- and long-term onset of debilitating life-threatening illnesses affecting millions of people throughout the world.

As we have noted, environmental medicine is diligently pursuing epigenetic investigations to better understand how exogenous chemicals and toxins affect the body’s immune system and genetic disposition. Simultaneously, epigenetics remains an anathema within the vaccine industry. This is because epigenetics is the vaccine industry’s greatest threat and may well be the harbinger of vaccination’s collapse in the future. For that reason, we increasingly observe the pro-vaccine community aggressively associating vaccine-injury illnesses with parental gene inheritance. Seeming vaccine injuries, the CDC informs us, are all due to inherited genes and are not stimulated by vaccine interference. More recently we are being told that genes associated with autism have always been present in the human genome.¹⁰ Yet, no one references the other body of research, such as a University of Montreal analysis, that has discovered the majority of these so-called autism genes are de novo.¹¹ De novo genes are genetic mutations that appear for the first time in a parent’s germ cell or during the development of the fertilized egg itself. The most likely causal candidates accounting for de novo mutations are epigenetic. Consequently, a woman who is vaccinated during pregnancy will have her unborn child at a higher risk of de novo mutations due to the toxic stew of chemicals, additives, and viruses she was injected with. In order to skirt the evidence supporting this scientifically plausible hypothesis, the CDC and its minions in

the vaccine industry must continue to rely upon an older, determinist, and regressive view of genetics that denies epigenetic activity. Fortunately, this outdated genetic paradigm is rapidly being deconstructed and proven unsound by other scientific disciplines.

Other examples are Ehlers-Danlos Syndrome or EDS (a connective tissue disorder) and Osteogenesis Imperfecta (a disorder characterized by brittle bones). Both conditions are known inherited genetic disorders and associated with a series of identifiable gene mutations. And both illnesses are increasing at an alarming rate among young children and adolescents.

In 2014, Dr. Lloyd Phillips conducted independent research to determine why so many young adolescent and teenage girls were rapidly coming down with more serious expressions of EDS. His findings concluded that these otherwise healthy girls carried an EDS genetic marker which remained dormant until shortly after receiving the HPV vaccine or Gardasil.¹²

A similar discovery was made by Dr. Robert Kendall Endres in 2009, who noted in 1962 there were approximately 10,000 cases of brittle bone syndrome worldwide. By 1978 there were 836,000 cases and over 4 million in 2000. This increase parallels the rapid increase in the number of vaccinations recommended in the CDC’s vaccine schedule and the WHO’s global vaccination initiatives. Although both disorders are associated with certain inherited gene mutations, the plausibility of vaccination as the triggering culprit responsible for their expression and activation cannot be ruled out.¹³

Any one of the many vaccines on the market today can cause enormous genetic and epigenetic disruption in any human being. Epidemiologists are puzzled about why some people respond according to plan for any given vaccine and why others don’t. For example, only 10% of people receiving the MMR vaccine generate high levels of measles antibodies following vaccination while another 10% don’t respond at all. Dr. Gregory Polland at Mayo’s Vaccine Research Group realizes this is undoubtedly due to genetic mutations and an individuals’ genetic code.¹⁴ The one-size-fits-all vaccination policy now advocated by the CDC and its leading spokespersons such as Paul Offit therefore has no rational and sound basis in science.

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Since 1996, the CDC's vaccine divisions and the World Health Organization (WHO) have known they have a very serious health problem with genetic contamination in every vaccine that relies upon animal cell culturing. This is a very dark side of the vaccine industry's manufacturing methodology. The fact that genetic contamination, much of which remains unknown and unidentified, is being injected into infants as young as 24 hours after birth receives absolutely no attention and is ignored by those who espouse political correctness on their pro-vaccine posturing.

In the past we have reported on the primitive methodology that vaccine makers still utilize to culture the viruses that go into vaccines.¹⁵ In 1999, the FDA convened a non-public regulatory meeting to review the health hazards of undesirable viral DNA fragments and protein contamination in all vaccines relying on animal cell culturing. Concerns were particularly focused upon vaccines using fertilized chicken eggs: the influenza, MMR, and yellow fever vaccines. Among the most worrisome contaminants were prions (tiny proteins responsible for incurable diseases in both humans and animals), viral oncogenes capable of causing cancer, viral variants that might cause AIDS, and multiple known and unknown viruses present in the viruses' culture medium. The executive scientists present acknowledged that recombination activity between viral codes and cells in the tissue culture is common and therefore the same can certainly occur in a child's body after vaccination.¹⁵ Again, Barbara Lo Fisher warns that "because viruses are constantly mutating and recombining with each other and scientists do not understand how viruses and genes interact, it is clear that what is not known about the effects on human health of widespread use of live virus vaccines is far greater than what is known."⁶

Current vaccine technology makes it impossible to filter out all genetic contamination and DNA debris from vaccine preparations. Therefore, the FDA has set weight limits on the amount of foreign genetic contamination permitted. Since vaccine manufacturers have been unable to meet these restrictions, the CDC has reduced the requirements to apply only to cancerous cell lines. Other DNA contamination allowances were increased one hundred-fold. According to

the FDA's industry guidelines on vaccine production, the removal of foreign DNA and protein contamination from vaccines employing human and animal cell lines is a "non-binding recommendation."¹⁵ A recent example of a vaccine temporarily removed from the market by the FDA is Glaxo's rotavirus vaccine Rotarix. In 2010, an independent California laboratory identified a foreign pig virus, porcine circovirus 1 or PCV1, present in Rotarix. The CDC immediately reported that this contaminant posed no risks, although babies as young 2 months old were being vaccinated with this swine virus contaminant. The laboratory also found avian leukosis virus in the MMR vaccine and monkey retrovirus fragments in Paul Offit's RotaTeq vaccine.¹⁶

There are approximately 100 million allowable segments of DNA contamination permitted in any single vaccine dose. Much of this unwanted genetic and foreign protein rubbish has never been fully identified and sequenced. And vaccine makers are not required to identify what all of this genetic debris consists of. If a child follows the CDC's recommended vaccination schedule from moments after birth until she or he reaches six years of age, 49 doses of 14 vaccines will have been administered. Isn't it therefore time to pause and review the huge amount of DNA contamination, known and unknown viral genetic fragments children are receiving directly into their bloodstreams, and ask whether or not this may be contributing to the enormous rise in childhood autoimmune conditions, including common adult diseases now frequently appearing in children?

Dr. Howard Urnovitz is an immunologist trained at the University of Michigan

and a leading advocate for informing scientists about vaccine-associated genetic mutations. He is perhaps best known for his research into genetic alterations among veterans suffering from Gulf War Syndrome. Although GWS has been associated with a wide range of toxic exposures, including chemical weapons, organophosphates, depleted uranium, an experimental anthrax vaccine, pesticides and other causes, Urnovitz's discovery was singular. He identified genetic sequences in a particular chromosome well known as a "hot spot" for polymorphisms among many veterans. What was unusual was that the sequences were non-human and similar to the enteroviral segments from the oral polio vaccine administered to the veterans.¹⁷ Although this research cannot conclude that veteran's GWS symptoms are directly related to the vaccine's polio virus, it confirms the deep concern over viral genes introduced via vaccination jumping and recombining with our body's DNA.

In light of the above discussions about gene jumping, recombination of pathogenic viral sequences merging with our bodies own DNA, undesirable mutations, and expression and activation of hereditary genetic predispositions leading to serious autoimmune complications and diseases, consider the following: Merck's Rotateq vaccine for the protection of infants from rotavirus is a genetically engineered vaccine that includes five combined human and cow strains of rotavirus, first developed by Paul Offit at the Children's Hospital of Pennsylvania. This viral concoction combines bovine rotavirus strains that causes diarrhea in cows with viral



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➤ strains causing diarrhea in humans. This recombinant, engineered viral strain is then cultured on African Green Monkey kidney tissue. The seed stock that is later used to manufacture future lots of the vaccine also includes fetal bovine (cow) serum and porcine trypsin (an enzyme derived from a pig's pancreas).¹⁶ Are we the only ones who share grave trepidations that an infant will receive a series of three rotavirus injections by the age of six months? And are we to believe that it is normal and safe for an infant to be unnaturally exposed to an artificial and abnormal pathogen in this manner?

The genetically engineered rotavirus vaccines, similar to many of the newer vaccines positioned to come on the market in the very near future, contain an attenuated live virus. These vaccines are already raising serious questions about their influential impact upon the vitality of the immune system, our bodies' gut microbiome, and even environmental ecologies. In 2012, Norwegian scientists at the University of Tromsø concluded that "genetically engineered or modified viruses (GMVs) are being increasingly used as live vaccine vectors and their applications may have environmental implications.... In all cases there may be circumstances that enable GMVs to jump species barriers directly or following recombination with naturally occurring viruses."¹⁸

Finally, the CDC aggressively follows a one-size-fits-all policy in its efforts to keep the entire American population vaccinated. Today there are over two hundred new vaccines in the pipeline and eventually coming to market. As new spikes in diseases occur consistently with each new vaccine approved and entered in the CDC's recommended vaccination schedule, so also will other disease conditions increase as well as new disorders never observed before. Americans today are less healthy than

previous generations. More and more people have compromised immune systems and are rapidly becoming immunodeficient. Surprisingly no federal agency or official institution tries to track the total number of Americans with serious compromised immune systems other than recipients of organ transplants, and people with cancer or positive HIV diagnoses. The American Autoimmune Related Diseases Associations estimates that 50 million people have any one of 100 and perhaps over 140 different life-threatening autoimmune diseases. Federal health officials downplay the severity of this epidemic by only counting 24 autoimmune diseases.¹⁹

In addition, poverty is on the rise and conservative estimates record 22% of all children living below the poverty level. Forty-eight million Americans live in insecure food households and are clinically malnourished. This, too, is contributing to the increase in weakened immune systems and diseases. Other health disorders such as chronic lack of sleep, stress, and anxiety are now associated with weakened immunity and immunosuppressive disorders. All told, anywhere between 30-50 percent of Americans have weakened immune systems that make them far more susceptible to adverse complications due to vaccines. And live attenuated virus vaccines, which include measles, mumps, rubella, influenza, rotavirus, chickenpox, smallpox, and the live polio vaccine in foreign countries have been shown repeatedly to weaken natural immunity and make the recipient more predisposed to other viral infections.

It is essential that we accept that the science and technology to support vaccine safety remains in its infancy. For those vaccine developers who are looking at vaccination's epigenetic effects on the human genome, our bodies' microbiome, and the immune system, new and unexpected concerns over safety

are coming to light. Moreover, no one is a greater expert on a child's reaction to a vaccine than a parent. But most parents don't have the scientific background to advocate for vaccine-induced injuries. Nor do the physicians, pediatricians, nurses, and pharmacists who oversee vaccination have the time and specialized medical training to fully understand each and every vaccine's immunological and genetic complexities. Consequently, the official doctrine of vaccine safety is completely based upon blind belief and faith. Medical interventions imposed and mandated on the public should be based solely on scientific proof of safety, and the pro-vaccine industry and federal authorities have never convincingly made their case based on gold standard scientific principles. Until the vaccine industry does so, no child's or adult's life should ever be put at unnecessary risk.

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