

Peanuts / Popcorn - Ghandi - ocean salt  
mercuro BRITISH rules  
adjutant 65-4 = peanut oil & beewax

The Sting  
rigged  
hearings  
\$  
no  
services

**Testimony for Task Force in Newtown, CT on January 30, 2013 Re: Connecticut School Safety**

**Submitted by: Susan McGuinness Getzinger, Newtown resident whose children were deprived legal services in Newtown, CT**

**Like Medical doctors of the past, our present assumptions are incorrect.**

**We put toxins in children, we forced labels on them and drug them when they do not behave, we separate families, add stress to children and families and then we act surprised when tragedy strikes.**

Testimony of Patti Johnson Colorado State Board of Education member 2nd Congressional District before the U.S. House of Representatives Subcommittee on Oversight and Investigations hearing entitled "Behavioral Drugs in Schools: Questions and Concerns"  
[http://www.house.gov/ed\\_workforce/hearings/106th/oi/ritalin92900/johnson.htm](http://www.house.gov/ed_workforce/hearings/106th/oi/ritalin92900/johnson.htm) September 29, 2000 "The so-called learning disorders have, sadly, become a way for financially strapped schools to make ends meet. In many states, schools have become authorized Medicaid providers and funds can be collected in behalf of a child labeled with one of the learning or behavior disorders. This can be such a lucrative cash cow that in a letter dated October 8, 1996, the Illinois State Board of Education strongly encouraged the superintendent of one of its districts to participate in Medicaid incentives. The letter stated that Illinois had received \$72,500,000 in federal Medicaid money in 1996 and that Medicaid dollars have been used for a variety of non-medical purposes and that "the potential for the dollars is limitless." <http://rense.com/general4/addd.htm>

[http://www.house.gov/ed\\_workforce/hearings/106th/oi/ritalin92900/johnson.htm](http://www.house.gov/ed_workforce/hearings/106th/oi/ritalin92900/johnson.htm)

"Stephen Guffanti, M.D. not only was head of an ADHD clinic, he also served as President of the School Board in his community in California. So he knows of whence he speaks when he says to follow the money to get some answers about the increase in ADHD diagnoses. **The following excerpt is modified with permission and from his book, *Does Your Child Really Have ADHD?***

"Twenty years ago I was taking a family practice education course from UCLA.

"The doctor started his discussion on hyperactivity by stating that it was a Monday through Friday disease that took summers off! This statement couldn't possibly be true - no physical defect could come and go based on the day of the week.... As long as Special Ed brings extra money into the school district, teachers, doctors and psychologists will be pressured to diagnose **ADHD**.

The same pressure that creates the label also keeps them labeled. Notice that the child needs to be "at least two years below grade level with this ADHD label."

Obviously, any treatment that works to bring the child up to grade level would cut the funding. (A recent study shows that drug treatments for ADHD don't improve grades.) As the interdepartmental fights reach their own equilibrium, children are released from Special Ed at about the same rate as new ones are placed."

<http://www.howtolearn.com/2011/07/adhd-diagnosis-is-worth-money-to-schools>

There are two laws under which children diagnosed with ADHD can receive special help in school. Section 504 of the Vocational Rehabilitation Act of 1973, a civil rights law, prohibits programs that receive federal funds from discriminating against children with disabilities and, under certain circumstances, requires school districts to make accommodations for the ADHD student.

The other federal law, the Individuals with Disabilities Education Act (IDEA), mandates that eligible students receive access to special education and/or related services, and that the services are designed to meet each child's unique educational needs.

Since Section 504 is a civil rights law, its main purpose is to prevent discrimination against disabled students. A disabled person, according to Section 504, is one who:

- Has a physical or mental impairment that substantially limits one or more "major life activities";
- Has a history of such an impairment; or
- Is regarded as having such impairment.

<http://www.pbs.org/wgbh/pages/frontline/shows/medicating/schools/feds.html>

### **Medication Chart to Treat Attention Deficit Disorders**

[http://www.addwarehouse.com/shopsite\\_sc/store/html/article3.htm](http://www.addwarehouse.com/shopsite_sc/store/html/article3.htm)

### **3 Bullet Points: Popcorn, The Sting and Gandhi -**

**1) The Sacred Cow of Modern Medicine, The Vaccine, is the first problem:**

**Mandating vaccines for public schools** are causing many health problems in children.

**Undisclosed ingredients in Vaccines are making our children sick and toxic and** children are not successful at purging them from their small bodies.

**Adjuvant 65-4, introduced by Merck in 1965, is peanut oil. It is in the vaccines.**

**"The Non-Disclosed and Hyper-Allergenic Vaccine Adjuvant By Catherine J. Frompovich "**

"This was brought to light in a 2010 court case wherein parents were accused of Shaken Baby Syndrome;... the anaphylactic reaction the six-month old baby boy experienced resulting in tremendous swelling and pressure of the brain....Allergic reactions to vaccines *used to be* of prime concern to pharmaceutical and vaccine makers. That changed after the passage of the *Public Readiness and Emergency Preparedness Act of 2006* [PREP Act 42USC 247(d)-6d]] that, basically, exonerates vaccine makers of any damages from vaccines and/or vaccinations. A special vaccine court has been established from which harmed individuals must seek permission to bring legal charges. Common tort law no longer applies to vaccine/vaccination injury/damage."

<http://medicalmisdiagnosisresearch.wordpress.com/2010/07/15/the-non-disclosed-and-hyper-allergenic-vaccine-adjuvant/>

**Mercury and aluminum** go to the brain creating **learning disabilities** such as: Dyslexia, ADHD, Autism, as well as many others.

**Asthma and Allergies (Life Threatening)** – caused by the **ingredients in vaccines**: egg, bovine – dairy – peanut oil cross reacts with other nuts, etc...

**The Popcorn** - Then drugging children because they are labeled ADHD creates **the popcorn kernels. – Newtown, Columbine, and Virginia tech are only the first kernels of popcorn in a full bag inside public schools.**

**2) Public Schools have rigged hearings: The Sting**

The districts single out a few families that then get services, to make the district look like they are complying.

The districts single out other families to target to give an example of what happens to families who speak out about the corrupt educational system that is Connecticut public schools.

The districts call DCF or CPS on parents who are vocal about the corruption.

DCF and COS have the authority to take children out of families.

These children are put into foster homes where they often receive medication of psychotropic drugs and many are abused and become depressed and suicidal.

The districts paint these families as “trouble” families, so the BOE members assume the attorneys and administrators are right because they are “experts”.

Children and families do not stand a chance. Evil wins and taxpayers foot the bill without ever knowing how the children are abused.

**I informed Governor Malloy and Senator Chris Murphy months before the tragedy and they did nothing about the alleged corruption.** Senator Murphy’s father is a partner at the law firm Shipman and Goodwin, which controls the BOE for 80/169 towns in Connecticut, which is 68% of local budgets. Berchem, Moses and Devlin represent anywhere from 14- 30 districts and often overlap with Shipman and Goodwin (in Newtown, Hamden and perhaps elsewhere).

Do you want your child inside CT public schools when you do not know how many children are on psychotropic drugs for a diagnosis which isn’t even a disease and nearly everyone on the planet can be described with having the symptoms of ADHD at one time or another?

**3) Gandhi** – Peaceful civil disobedience – The British taxed the Indians for their SALT – something necessary for every human being.

Gandhi led a march to the ocean where people took the salt from the ocean, which was against the law.

**Your children are the salt.**

**The Public Schools are the Ocean.**

**The Department of Education is the British Government.**

Bill the BOE the per pupil expenditure and take your kids out of America’s public schools **for your child’s safety and a better education.**

“Zelman v. Simmons-Harris

U.S. Supreme Court Victory for School Choice; Cleveland Voucher Program Upheld

On June 27, 2002, the U.S. Supreme Court upheld the constitutionality of Cleveland’s school choice program in the most important education decision since Brown v. Board of Education.”

<http://www.ij.org/zelman-v-simmons-harris>

**Article**

**ECZEMA VACCINATUM**

**Audrey H. Reynolds, Howard A. Joos**

+ Author Affiliations

**ABSTRACT**

Nine cases of eczema vaccinatum are presented, including two fatalities. Seven were caused by contact of a child with eczema with a recently vaccinated sibling.

Suddenly appearing umbilicated vesicles superimposed upon atopic eczema are almost diagnostic of eczema vaccinatum or eczema herpeticum. These do not occur with mere secondary bacterial infection.

Hyperimmune vaccinal gamma-globulin is now available for specific therapy.

Eczema vaccinatum is frequently iatrogenic and uniformly preventable.

The following steps are recommended for prophylaxis: 1) No child with atopic eczema or other skin disorder should be vaccinated. 2) No child should be vaccinated if any member of his family has eczema or other skin disorder. 3) Parents of children with eczema should be notified at the onset of the disease of the danger from vaccination contact. 4) If a sibling of a child with atopic eczema is vaccinated, he must be completely separated from that child for at least 21 days. 5) Forms used by state and local health departments for parents' consent to vaccination should include an appropriate warning of the contraindications. 6) Eczema vaccinatum should be a reportable disease. 7) Patients recently vaccinated must be excluded from pediatric wards containing patients with atopic eczema, other diseases of the skin, burns or healing surgical incisions. 8) Vaccination may be recommended at 2 months of age, especially for babies from strongly allergic families.

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**Articles citing this article**

**Eczema Vaccinatum**

Clinical Infectious Diseases 2012; 54:6 832-840

**Abstract Full Text Full Text (PDF)**

The Non-Disclosed and Hyper-Allergenic Vaccine Adjuvant  
**The Non-Disclosed and Hyper-Allergenic Vaccine Adjuvant**  
July 15, 2010  
medicalmisdiagnosisresearch

**Catherine J. Frompovich**

**vactruth.com** 07/15/2010

What do peanuts and vaccines have in common? Well, you're probably thinking that some people have allergic reactions to both, and you are correct. Peanuts cause the most common severe food allergy reactions. Vaccines, on the other hand, that are grown on chicken eggs (MMR and influenza vaccines in particular) cause allergic reactions for which pharmaceutical and vaccine makers willingly provide cautionary notices on vaccine package inserts. It's important to note that technically there can be two responses: a *reaction*, e.g., immediate allergic response (anaphylaxis), and a *side effect*, e.g., fever, rash, or localized swelling later on.

As an aside, vaccine makers would like to get away from growing vaccines on eggs for several reasons. In the April 11, 2007 issue of the *Journal of the American Medical Association (JAMA)* the article "**Safety and Immunogenicity of a Baculovirus-Expressed Hemagglutinin Influenza Vaccine**" by John J. Treanor, MD, et al, stated:

*In this study, we evaluated an experimental influenza vaccine consisting of recombinant HA expressed in insect cells by a recombinant baculovirus (rHA0). This alternative avoids dependence on eggs and is very efficient because of the high levels of protein expression under the control of the baculovirus polyhedrin promoter.* <http://jama.ama-assn.org/cgi/content/full/297/14/1577>

In essence, researchers produced vaccines grown on insect cells. If that vaccine production technology will be used or substituted for fertile egg mediums in the future, what cautionary information will appear on vaccine package inserts about bugs?

Allergic reactions to vaccines *used to be* of prime concern to pharmaceutical and vaccine makers. That changed after the passage of the *Public Readiness and Emergency Preparedness Act of 2006* [PREP Act 42USC 247(d)-6d] that, basically, exonerates vaccine makers of any damages from vaccines and/or vaccinations. A special vaccine court has been established from which harmed individuals must seek permission to bring legal charges. Common tort law no longer applies to vaccine/vaccination injury/damage.

What peanuts have in common with vaccines is something that very few healthcare consumers and medical doctors may be aware of: ***Peanut oil is a hidden and non-stated ingredient in the manufacture of children's vaccines.*** This was brought to light in a 2010 court case wherein parents were accused of Shaken Baby Syndrome; had their child taken from them and placed in foster care for almost eight months; and Harold E. Buttram, MD, presented corroborating medical information to the court regarding the anaphylactic reaction the six-month old baby boy experienced resulting in tremendous swelling and pressure of the brain.

In Doctor Buttram's paper presented for publication, "**Subdural Hemorrhages Occurring in an Infant Immediately Following Vaccination,**" he methodically charts the infant's anamnestic allergic response to vaccines at four months of age. *An anamnestic allergic response is a secondary immune response resulting from exposure to a previously encountered antigen. Such responses should preclude further administration of all vaccines.*

*Immediately following routine 6-month vaccines Pentacel [DTaP-IPV/Hib vaccine], Prevnar7 [Pneumococcal 7-valent Conjugate Vaccine], and Rotateq [Rotavirus Vaccine], the infant suffered an explosive rupturing of a facial hemangioma [abnormal buildup of blood vessels] and traumatic brain injury confirmed by a brain MRI [Magnetic Resonance Imaging].*

*Let's consider the components that make up the Pentacel vaccine: Aluminum phosphate, bovine serum albumin, formaldehyde, glutaraldehyde, MRC-5, DNA and cellular protein, neomycin, polymyxin b sulfate, polysorbate 80, 2-phenoxyethanol. [1]*

*The two other vaccines administered simultaneously to the infant had equally remarkable ingredients. In the hopes of keeping this article as brief as possible, I've elected not to include their makeup.*

*Two days after the above-administered vaccines, a brain MRI showed extensive bilateral subdural*

hematomas [collection of blood outside blood vessels in both sides of the brain], something often thought to be due to trauma associated with Shaken Baby Syndrome.

Buttram noted that the scheduled and administered 4-month vaccines contained aluminum and unlabeled peanut oil. Furthermore, the infant's mother observed noticeable enlargement and puffiness of the right strawberry-shaped facial hemangioma. Additionally, during 52 days of hospitalization, the infant was vaccinated further with the Hepatitis B vaccine. Medical records indicate tremendous head enlargement in a 30-day period, which could indicate hydrocephalus and/or brain hemorrhage.

Since Doctor Buttram was the expert witness for the defense (the child's parents, who had the child taken away from them by civil authorities contending Shaken Baby Syndrome), he investigated and prepared a time line and inventory of the various vaccines administered along with the infant's reactions and attending medical personnel witness statements as to the explosive rupturing of the facial hemangioma immediately after the injection while the infant was screaming dramatically.

Buttram found that yeast protein—a potent allergen—and peanut oil were used as adjuvants but not listed on the vaccine inserts. It was Doctor Buttram's contention that both these adjuvants caused the hemangioma's explosive reaction.

As part of his researched testimony, Doctor Buttram chronicled the use of peanut oil in vaccines, which proves rather interesting. After penicillin was invented (1945) researchers found that the kidneys excreted it within 3 hours thereby rendering it ineffective. In order to prolong penicillin's action it was mixed with 4 to 4.8 percent beeswax and peanut oil. As a result, penicillin was slowly released as the body metabolized the oil. To further extend penicillin's effects, penicillin with aluminum monostearate was added to make a solution suspended in peanut oil that kept blood levels of penicillin up to 24 to 26 hours. In 1964 Merck produced the adjuvant 65-4 that contained up to 65 percent peanut oil plus Arlasele A, aluminum stearate, and other ingredients with 13-fold higher levels of antibodies than previous vaccines. During the 1970s and 1980s peanut oil became a common practice and ingredient in vaccines. Coincidentally, peanut allergies began rising exponentially in children as more vaccines were administered. Heather Fraser in her 2010 book, *The History of the Peanut Allergy Epidemic*, documents this.

Concomitantly, hospital records indicate anaphylaxis reactions to vaccines. In the USA there were rising incidences of food anaphylaxis in children under five years of age. Hospital records in the USA further indicate that Emergency Room records indicated an increase of anaphylaxis from 671 per 100,000 during 1992-94 to 876 per 100,000 in 1995. More than 90 percent of all food allergy fatalities were documented as due to ingestion of **peanuts** and tree nuts, a 1991 study revealed. Nevertheless, in 2009 the prevalence of peanut allergy in children under 18 years of age amounted to more than 2 percent in both the United States and Britain. Additionally, in the U.S. during 2009, about 4.5 million people were allergic to peanuts, or about 1.5 percent of the population.

Interestingly, Romy Fischer, *et al*, in the *American Journal of Pathology* [2005; 167:1621-1630] say,

*"We compared the oral and nasal routes of peanut sensitization for the development of a mouse model of allergy. Mice were sensitized by administration of peanut proteins in the presence of cholera toxin as adjuvant. Antibody and cytokine responses were characterized, as well as airway reactivity to nasal challenge with peanut or unrelated antigens. Oral sensitization promoted higher levels of IgE, but lower IgG responses, than nasal sensitization. Both orally and nasally sensitized mice experienced airway hyperreactivity on nasal peanut challenge."* <http://ajp.amjpathol.org/cgi/content/full/167/6/1621>

Their research basically demonstrates that inhalation of peanut protein/antigens is cause for concern.

Aside from the above information, *aflatoxin*, a toxic fungus produced by *Aspergillus flavus*, often is found on peanuts and causes anaphylaxis.

Surely one important aspect about allergic response that needs to be highlighted is this: According to the doctor who "found" alimentary anaphylaxis, Dr. Charles Richter (1913), food anaphylaxis resulted from proteins that had not been properly broken down or avoided modification by the digestive system. In today's medical practice many physicians recognize what is termed "Leaky Gut Syndrome," which acts similarly insofar as some undigested proteins cross the intestinal lumen and contribute to much health-related problems.

Perhaps now is an excellent opportunity to point out that many proteins used in the manufacture of vaccines—or that "result" from the manufacturing process, e.g., not filtered out completely—are injected directly into the blood stream and thereby avoid modification by the digestive system, another apparent factor in the etiology of vaccine adverse reactions in addition to the numerous toxic adjuvants included in

each vaccine for boosted immune response, which most often are too strong for an infant's immature immune system to cope with thereby precipitating "blown circuits" such as neurological damage.

Maybe because the U.S. Food and Drug Administration (FDA) considers refined peanut oil as GRAS (generally recognized as safe), vaccine manufacturers think it safe to use as a vaccine adjuvant while not recognizing the differences in physiology and function between food protein sources that are gut-digested from those syringed directly into the bloodstream. That issue could wind up becoming a critical learning for much of medicine, pharmaceutical and vaccine makers.

Further validation of peanut oil in a vaccine appeared in *The New York Times*, Business Financial Section page 31, September 19, 1964, under the headline:

**"Peanut Oil Use In A New Vaccine."** It labeled peanut oil the key ingredient in Adjuvant 65 that was patented by Merck & Co., Inc. in September 1964. Ironically that article by Stacy V. Jones began with "A pharmaceutical manufacturer has developed a vaccine that it predicts will considerably lengthen immunity from influenza and other virus infections, thereby requiring fewer 'shots'." So much for their crystal ball gazing about fewer shots. If anything, they have manufactured and been influential in mandating more vaccinations than ever. Incidentally, Adjuvant 65, as a stand-alone product, supposedly is no longer used in the manufacture of vaccines in the United States.

Let's review vaccinations that are mandated for infants and children:

**Hepatitis B Vaccine:** First dose at birth to 2 months; Second dose at 1 to 4 months; Third dose at 6 to 18 months

**Hib vaccine:** First dose at 2 months; Second dose at 4 months; Third dose at 6 months; Fourth dose at 12 to 15 months

**Polio vaccine:** First dose at 2 months; Second dose at 4 months; Third dose at 6 to 18 months; Fourth dose at 4 to 6 years

**DTaP vaccine:** First dose at 2 months; Second dose at 4 months; Third dose at 6 months; Fourth dose at 15 to 18 months; Fifth dose at 4 to 6 years; DTaP is recommended at 11 years

**Pneumococcal vaccine:** First dose at 2 months; Second dose at 4 months; Third dose at 6 months; Fourth dose at 12 to 18 months

**Rotavirus vaccine:** First dose at 2 months; Second dose at 4 months; Third dose at 6 months

**Hepatitis A vaccine:** First dose at 12 months; Second dose at 18 months

**Influenza vaccine:** First dose at 6 months (requires a booster one month after initial vaccine); Annually until 5 years (then yearly if indicated or desired, according to risks)

**MMR vaccine:** First dose at 12 to 15 months; Second dose at 4 to 6 years

**Varicella vaccine:** First dose at 12 to 15 months; Second dose at 4 to 6 years

**Meningococcal vaccine:** Single dose at 11 years

**Human papillomavirus vaccine (adolescent girls only):** First dose at 11 years; Second dose two months after first dose; Third dose six months after first dose

[http://www.medicinenet.com/childhood\\_vaccination\\_schedule/article.htm](http://www.medicinenet.com/childhood_vaccination_schedule/article.htm)

So, by the above schedule one easily can ascertain that infants, in particular, are being subjected to numerous adjuvants, the least of which is non-disclosed **emulsified peanut oil**. There are several articles about peanut use in vaccines in the literature. Furthermore, President George W. Bush's government set in place in 1991 the goal of raising national vaccination levels among preschool children to 90 percent by the year 2000. [2]

Other oils used in the manufacture of vaccines can include mineral oil (paraffin), squalene (shark liver oil, which probably is the most dangerous of any oil), and at one time in the 1930s and 1940s, cottonseed oil. For more information on adverse effects of adjuvants in vaccines, visit this web site

[http://www.whale.to/vaccine/adjuvants.html#Oil\\_EmulSIONS\\_](http://www.whale.to/vaccine/adjuvants.html#Oil_EmulSIONS_)

Interestingly, Ms. Fraser points out in her book that Charles Janeway, a Howard Hughes Medical Institute investigator and Yale University School of Medicine professor in 1989, revealed that adjuvants were the "immunologists' dirty little secret". *The secret was really a poorly understood puzzle regarding the body's response to them. Janeway suggested that there are cross-reactive combinations of which researchers are unaware but which the body recognizes.* [3]

Before I leave adjuvants, Doctor Buttram's article mentioned **Arlacel A**, something I'd not heard of before. So I checked on it and found that it is a mono-oleate of manitol with the following information, which seems intriguing:

*Dianhydro mannitol mono-oleate, a surfactant used in the preparation of water-in-oil injectable pharmaceutical preparations was found to autoxidize on storing, with the formation of free acidity and labile peroxides. The autoxidized substance was found to cause peritoneal adhesions when injected intraperitoneally in mice. The autoxidized material could be reclaimed by chromatography through alumina. The eluate was comparable to normal saline in toxicity and the adsorbate was found to be more toxic.*

<http://www3.interscience.wiley.com/journal/113435337/abstract?CRETRY=1&SRETRY=0>

An issue that, perhaps, has exacerbated infants' adverse reactions to vaccines is the practice of their being injected with multiple immune-challenging vaccines at one time for convenience sake although no longitudinal studies have been undertaken for that type of protocol. Consider that, that is what happened to the six month old baby boy in this article.

As pointed out so succinctly in Fraser's book, and with which I totally agree, "One of the side effects engendered by vaccine ingredients is the production of IgE antibodies." [4] Doctor Buttram, who is a medical expert in environmental medicine, certainly is in his element when discussing such responses.

Fraser points out what Doctor Buttram has observed in his practice: "Doctors knew that as the number and potency of vaccines increased, so too would the risk of side effects that included soaring IgE and atopy [genetic tendency to develop classic allergy diseases, e.g., asthma, rhinitis, dermatitis, food sensitivities, especially in autistic children]. Anaphylaxis immediately following vaccination had finally become an 'obstacle' to the routine jab, doctors observed." [5]

What all this seems to come down to is the fact that since the advent of the practice to administer numerous vaccines at one visit, there has been a rise in anaphylaxis—something not seen as dramatically or in such prolific numbers, as is attested to in the literature, plus the Autism Spectrum Disorder that effects male children predominately because of the supposed interaction with testosterone.

Shortly before Christmas 2009, Dr. Catherine Rice, PhD, of the Centers for Disease Control and Prevention (CDC) said that the rate of autism for U.S. children is **one in every 110 children** as of 2006!

<http://www.cnn.com/2009/HEALTH/12/17/autism.new.numbers/index.html>

One glaring, if not gnawing, question all health consumers ought to be asking is: **Why is the human infant brain affected by vaccines?** According to Doctor Buttram's paper, the brain has the highest fat content of any organ in the human body and, therefore, is susceptible to lipid peroxidation, *The process whereby free radicals "steal" electrons from the lipids in our cell membranes, resulting in cell damage and increased production of free radicals.*

[http://www.biochem.northwestern.edu/holmgren/Glossary/Definitions/Def-L/lipid\\_peroxidation.html](http://www.biochem.northwestern.edu/holmgren/Glossary/Definitions/Def-L/lipid_peroxidation.html)

Furthermore, the Pourcyrous *et al* study out of the University of Tennessee with results published in the *Journal Pediatrics*, 2007; 151:167-172, indicates more answers to that question:

- Brain inflammation, as indicated by elevations of C-Reactive proteins.
- Brain edema, which can be assumed as one of the cardinal manifestations of inflammation.
- Potentially lethal cardiorespiratory events.
- Intraventricular brain hemorrhages—just what happened to the little fellow in this article.

Renowned brain surgeon Russell Blaylock's research indicates over-stimulation for prolonged periods of time by vaccine adjuvants precipitates chronic inflammation, which, of course, is very destructive to the brain.

How convenient it would be to place the blame on Shaken Baby Syndrome and innocent parents whose lives are traumatized in numerous ways because of what their darling innocent infants and children are

suffering through. Any parent knows the heartbreak and heartache of having a sick child. But when a child is permanently damaged because of medical procedures, as was indicated by the court in this case as probable vaccine damage and not Shaken Baby Syndrome, it's time to demand answers from everyone: oversight health agencies at federal level, e.g., FDA, CDC, HHS; the medical profession, e.g., American Medical Association (AMA); pharmaceutical and vaccine makers both U.S. based and international; and from the U.S. Congress and its oversight powers.

Representative Carolyn B. Malloney (D-NY-14) introduced the *Comparative Study of Vaccinated and Unvaccinated Populations Act of 2007* that went nowhere in 110<sup>th</sup> Congress. Any bills that are not voted upon and passed as each two year congress ends, automatically become sine die or "dead." They must be reintroduced into the next congress, as they don't carry over. However, Congresswoman Malloney introduced a similar bill in the 109<sup>th</sup> Congress and was supposed to do so in the 111<sup>th</sup>, but apparently has not as of this late date in the waning half of the 111<sup>th</sup> Congress.

*As a consumer healthcare researcher, I cannot believe that members of the U.S. Congress would not want to investigate what's going on with our children's health and the relationship to vaccines. I can only conjecture that because of the heavy duty lobbying by vaccine makers with their deep pockets and gifting, that it is easier to believe in Shaken Baby Syndrome. Shame on anyone who believes vaccines cannot cause inflammation/swelling and damage the brain.*

*Note: The legal citation for the adjudication is Case No. JVJV002265 (Iowa Dist. Ct. June 1, 2010), for which I thank the defendants and their attorney.*

#### **References**

1 Heather Fraser, *The History of the Peanut Allergy Epidemic*, (Hamilton, Canada: Espresso Book Machine, 2010) 141

2 Heather Fraser, *The History of the Peanut Allergy Epidemic*, (Hamilton, Canada: Espresso Book Machine, 2010) 131

3 *Ibid*, 127

4 Heather Fraser, *The History of the Peanut Allergy Epidemic*, (Hamilton, Canada: Espresso Book Machine, 2010) 142

5 *Ibid*, 156

#### **Source:**

<http://vactruth.com/2010/07/15/non-disclosed-hyper-allergenic-vaccine-adjuvant/>

<http://medicalmisdiagnosisresearch.wordpress.com/2010/07/15/the-non-disclosed-and-hyper-allergenic-vaccine-adjuvant/>