RECENT FED COURT DECISION IN AUTISM CASE
PROVES DR. CARLEY RIGHT

The following is the ammo by which Big Pharma can be brought to its knees, and the holocaust of autoimmune diseases and cancer in people and in pets stopped at last. I ask you to circulate it widely. It is time for you to DEMAND that those promoting mercury as the cause of autism respond to what I have written below. If the true intention of these people is to stop this epidemic in our children, then they should let go of their egos and admit that I have figured out the true cause. Let me first encourage of all you to go to http://www.drcarley.com/the_big_picture.jpg; you will see that I have ALWAYS said it is the BIG PICTURE of assaults to our immune systems (and mercury is there) which combine to cause disease, including autism. But it is the corruption of the immune system caused by the inoculation of viruses which is the root cause of all autoimmune diseases and cancer...and once this information is in the hands of a critical mass of the people, we will put a stop to the biggest epidemic the world has ever known...VIDS (Vaccine Induced Diseases). And the individuals who continue to promote mercury as the root cause in the face of this information will be exposed for being INTENTIONAL disinformers.

Below is a verbatim copy of the US Government concession filed in November of 2007 in a Court of Federal Claims case brought by neurologist Dr. Jon Poling and his wife claiming that vaccines were the cause of their daughter Hannah's autism. This decision is posted on David Kirby's blog at http://www.huffingtonpost.com/david-kirby/the-vaccineautism-court-_b_88558.html. David Kirby, author of "Evidence of Harm", is one of the individuals who is distracting the public that autism is "all about the thimerosol". The take home message therefore is that if the mercury is removed, vaccines will be safe. A BIGGER LIE HAS NEVER BEEN TOLD; and my document "Inoculations the True Weapons of Mass Destruction" posted on www.drcarley.com describes the corruption of the immune system caused by the injection of viruses directly into the body, bypassing secretory IgA (an antibody in the upper GI and respiratory tracts critical for the processing of germs by the immune system for natural immunity to occur).

I was a guest with David Kirby on a radio show which is posted on my website at http://www.drcarley.com/kirby_vs_carley_autism.mp3, on which I confronted him with the fact that autism is actually a non-fatal case of subacute sclerosing panencephalitis caused by demyelination following vaccine induced encephalitis, and that the name of the condition was changed to autism to hide this self evident fact. I have sent Mr. Kirby copies of the documents on my website, and asked him multiple times to be a guest on one of my internet shows to discuss the "mercury vs demyelination" theories of autism. He will not do so.

What is truly amazing is that he is now mentioning live viruses amongst a plethora of other potential problems (see # 6 at http://www.huffingtonpost.com/david-kirby/government-concedes-vacci_b_88323.html). But is he discussing the live viruses bypassing secretory IgA, causing vaccine induced encephalitis and subsequent demyelination? NO...he is mentioning live viruses as a cause of mitochondrial damage.

So once again, we will now be distracted with this genetic mitochondrial defect...perhaps develop a test to find the children with this problem before they are vaccinated, when in fact genetic defects can also be caused by vaccines. More confusion and distraction...rather than admitting that there is no such thing as a safe vaccine...and the practice should be abandoned altogether, with attention instead placed on strengthening the immune system. Of course, since population reduction is the true agenda of the powers that be, not only will the vaccine push continue...but viruses are being developed to *cause* cancer under the *Special Virus Cancer Program*. The mad scientists have to be stopped...and this WILL happen once enough people have opened their eyes to the true purpose of vaccines.

I urge all of you to carefully read this decision dated 11/9/07, in which this young girl won her case claiming vaccines caused her autism. Note these important points:

1. 2 days after multiple vaccines (which included the MMR, which has NEVER had mercury), she developed a *high fever, high pitched screaming, and was lethargic and irritable*. These are symptoms of VACCINE INDUCED ENCEPHALITIS, an inflammation of the brain caused by injection of LIVE VIRUSES (not from mercury).

2. She also *began to arch her back when she cried* (a sign of vaccine induced encephalitis, NOT mercury poisoning).

3. She *developed a POST-VARICELLA VACCINATION RASH* (which proves that the vaccination GAVE HER THAT DISEASE). As explained in the quotes from *Harrison's Principles of Medicine*, 6th edition, p. 943 posted in my response to the CDC on www.drcarley.com, ***"RARELY IS PREVENTION OF INFECTION PER SE CONSIDERED TO BE AN IMPORTANT GOAL OF VACCINATION. In fact, asymptomatic infection after vaccination can serve to enhance and prolong the immune response."***

4. She was diagnosed with vaccine induced ENCEPHALOPATHY (degenerative disease of the brain)...as you will see below, mercury is involved in causing the degenerative disease Alzheimer's, NOT autism).

5. She developed a SEIZURE DISORDER later on (go to the CDC website at http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mmr.pdf) and read the vaccine information statement on the MMR vaccine (which has never had mercury), and you will see that one of the side effects is LONG TERM SEIZURES.

6. You will also note that they did genetic testing of the child and found that she has a genetic defect in her cellular energetics (note that vaccines are known to cause GENETIC MUTATION due to insertion of plasmids of DNA from the viruses or tissues used to culture them; in fact, this is the whole basis on which DNA vaccines are designed). You can read how DNA vaccines cause genetic mutations at http://sciamdigital.com/index.cfm?fa=Search.ViewSearchForItemResultList (you will have to pay $7.95 to access this 1999 article from Scientific American; put "genetic vaccines" in the search engine at that site to find the article, and especially see p. 52 of the article). Of course, they are purporting that this is a GOOD thing...and do not reveal

that "regular" vaccines can do the same thing. VACCINES ARE THE SOURCE OF MOST GENETIC MUTATIONS IN PEOPLE AND IN PETS; and once these mutations have occurred, they are then passed on to future generations. Thus, this insane practice has the potential of causing the *extinction of humanity itself*.

7. You will notice that although the white coat treating Hannah Poling went as far as to do genetic testing in this child, there were NO ANTI-MYELIN OR ANTI-NEURONAL FILAMENT LEVELS DONE; this IS the test that demonstrates demyelination before it is massive enough to show up on MRI's; and this IS the test that would prove that autism is actually a non-fatal form of subacute sclerosing panencephalitis (which is why this test is almost never done). However, it is a known fact that the measles virus has similar proteins to myelin basic protein, and thus through molecular mimicry, the anti-measles antibody itself can cause demyelination; and, as quoted from Harrison's above, this production of anti-measles (and possibly anti-myelin and anti-neuronal filament antibodies formed by injection of tissue culture on which the viruses are grown) is prolonged because a *chronic* infection results.

Here is the decision (but please be sure to also read what I have written after it)...

IN THE UNITED STATES COURT OF FEDERAL CLAIMS
OFFICE OF SPECIAL MASTERS

CHILD [Hannah Poling], a minor,

by her Parents and Natural Guardians [Dr. & Mrs. Jon Poling],

Petitioners,

v.

SECRETARY OF HEALTH AND HUMAN SERVICES,

Respondent.

RESPONDENT'S RULE 4(c) REPORT

In accordance with RCFC, Appendix B, Vaccine Rule 4(c), the Secretary of Health and Human Services submits the following response to the petition for compensation filed in this case.

FACTS

CHILD ("CHILD") was born on December --, 1998, and weighed eight pounds, ten ounces. Petitioners' Exhibit ("Pet. Ex.") 54 at 13. The pregnancy was complicated by

gestational diabetes. Id. at 13. CHILD received her first Hepatitis B immunization on December 27, 1998. Pet. Ex. 31 at 2.

From January 26, 1999 through June 28, 1999, CHILD visited the Pediatric Center, in Catonsville, Maryland, for well-child examinations and minor complaints, including fever and eczema. Pet. Ex. 31 at 5-10, 19. During this time period, she received the following pediatric vaccinations, without incident:

Vaccine Dates Administered

Hep B 12/27/98; 1/26/99

IPV 3/12/99; 4/27/99

Hib 3/12/99; 4/27/99; 6/28/99

DTaP 3/12/99; 4/27/99; 6/28/99

Id. at 2.

At seven months of age, CHILD was diagnosed with bilateral otitis media. Pet. Ex. 31 at 20. In the subsequent months between July 1999 and January 2000, she had frequent bouts of otitis media, which doctors treated with multiple antibiotics. Pet. Ex. 2 at 4. On December 3,1999, CHILD was seen by Karl Diehn, M.D., at Ear, Nose, and Throat Associates of the Greater Baltimore Medical Center ("ENT Associates"). Pet. Ex. 31 at 44. Dr. Diehn recommend that CHILD receive PE tubes for her "recurrent otitis media and serious otitis." Id. CHILD received PE tubes in January 2000. Pet. Ex. 24 at 7. Due to CHILD's otitis media, her mother did not allow CHILD to receive the standard 12 and 15 month childhood immunizations. Pet. Ex. 2 at 4.

According to the medical records, CHILD consistently met her developmental milestones during the first eighteen months of her life. The record of an October 5, 1999 visit to the Pediatric Center notes that CHILD was mimicking sounds, crawling, and sitting. Pet. Ex. 31 at 9. The record of her 12-month pediatric examination notes that she was using the words "Mom" and "Dad," pulling herself up, and cruising. Id. at 10.

At a July 19, 2000 pediatric visit, the pediatrician observed that CHILD "spoke well" and was "alert and active." Pet. Ex. 31 at 11. CHILD's mother reported that CHILD had regular bowel movements and slept through the night. Id. At the July 19, 2000 examination, CHILD received five vaccinations - DTaP, Hib, MMR, Varivax, and IPV. Id. at 2, 11.

According to her mother's affidavit, CHILD developed a fever of 102.3 degrees two days after her immunizations and was lethargic, irritable, and cried for long periods of time. Pet. Ex. 2 at 6. She exhibited intermittent, high-pitched screaming and a decreased response to stimuli. Id. MOM spoke with the pediatrician, who told her that CHILD was

having a normal reaction to her immunizations. Id. According to CHILD's mother, this behavior continued over the next ten days, and CHILD also began to arch her back when she cried. Id.

On July 31, 2000, CHILD presented to the Pediatric Center with a 101-102 degree temperature, a diminished appetite, and small red dots on her chest. Pet. Ex. 31 at 28. The nurse practitioner recorded that CHILD was extremely irritable and inconsolable. Id. She was diagnosed with a post-varicella vaccination rash. Id. at 29.

Two months later, on September 26, 2000, CHILD returned to the Pediatric Center with a temperature of 102 degrees, diarrhea, nasal discharge, a reduced appetite, and pulling at her left ear. Id. at 29. Two days later, on September 28, 2000, CHILD was again seen at the Pediatric Center because her diarrhea continued, she was congested, and her mother reported that CHILD was crying during urination. Id. at 32. On November 1, 2000, CHILD received bilateral PE tubes. Id. at 38. On November 13, 2000, a physician at ENT Associates noted that CHILD was "obviously hearing better" and her audiogram was normal. Id. at 38. On November 27, 2000, CHILD was seen at the Pediatric Center with complaints of diarrhea, vomiting, diminished energy, fever, and a rash on her cheek. Id. at 33. At a follow-up visit, on December 14, 2000, the doctor noted that CHILD had a possible speech delay. Id.

CHILD was evaluated at the Howard County Infants and Toddlers Program, on November 17, 2000, and November 28, 2000, due to concerns about her language development. Pet. Ex. 19 at 2, 7. The assessment team observed deficits in CHILD's communication and social development. Id. at 6. CHILD's mother reported that CHILD had become less responsive to verbal direction in the previous four months and had lost some language skills. Id. At 2.

On December 21, 2000, CHILD returned to ENT Associates because of an obstruction in her right ear and fussiness. Pet. Ex. 31 at 39. Dr. Grace Matesic identified a middle ear effusion and recorded that CHILD was having some balance issues and not progressing with her speech. Id. On December 27, 2000, CHILD visited ENT Associates, where Dr. Grace Matesic observed that CHILD's left PE tube was obstructed with crust. Pet. Ex. 14 at 6. The tube was replaced on January 17, 2001. Id.

Dr. Andrew Zimmerman, a pediatric neurologist, evaluated CHILD at the Kennedy Krieger Children's Hospital Neurology Clinic ("Krieger Institute"), on February 8, 2001. Pet. Ex. 25 at 1. Dr. Zimmerman reported that after CHILD's immunizations of July 19, 2000, an "encephalopathy progressed to persistent loss of previously acquired language, eye contact, and relatedness." Id. He noted a disruption in CHILD's sleep patterns, persistent screaming and arching, the development of pica to foreign objects, and loose stools. Id. Dr. Zimmerman observed that CHILD watched the fluorescent lights repeatedly during the examination and would not make eye contact. Id. He diagnosed CHILD with "regressive encephalopathy with features consistent with an autistic spectrum disorder, following normal development." Id. At 2. Dr. Zimmerman ordered

genetic testing, a magnetic resonance imaging test ("MRI"), and an electroencephalogram ("EEG"). Id.

Dr. Zimmerman referred CHILD to the Krieger Institute's Occupational Therapy Clinic and the Center for Autism and Related Disorders ("CARDS"). Pet. Ex. 25 at 40. She was evaluated at the Occupational Therapy Clinic by Stacey Merenstein, OTR/L, on February 23, 2001. Id. The evaluation report summarized that CHILD had deficits in "many areas of sensory processing which decrease[d] her ability to interpret sensory input and influence[d] her motor performance as a result." Id. at 45. CHILD was evaluated by Alice Kau and Kelley Duff, on May 16, 2001, at CARDS. Pet. Ex. 25 at 17. The clinicians concluded that CHILD was developmentally delayed and demonstrated features of autistic disorder. Id. at 22.

CHILD returned to Dr. Zimmerman, on May 17, 2001, for a follow-up consultation. Pet. Ex. 25 at 4. An overnight EEG, performed on April 6, 2001, showed no seizure discharges. Id. at 16. An MRI, performed on March 14, 2001, was normal. Pet. Ex. 24 at 16. A G-band test revealed a normal karyotype. Pet. Ex. 25 at 16. Laboratory studies, however, strongly indicated an underlying mitochondrial disorder. Id. at 4.

Dr. Zimmerman referred CHILD for a neurogenetics consultation to evaluate her abnormal metabolic test results. Pet. Ex. 25 at 8. CHILD met with Dr. Richard Kelley, a specialist in neurogenetics, on May 22, 2001, at the Krieger Institute. Id. In his assessment, Dr. Kelley affirmed that CHILD's history and lab results were consistent with "an etiologically unexplained metabolic disorder that appear[ed] to be a common cause of developmental regression." Id. at 7. He continued to note that children with biochemical profiles similar to CHILD's develop normally until sometime between the first and second year of life when their metabolic pattern becomes apparent, at which time they developmentally regress. Id. Dr. Kelley described this condition as "mitochondrial PPD." Id.

On October 4, 2001, Dr. John Schoffner, at Horizon Molecular Medicine in Norcross, Georgia, examined CHILD to assess whether her clinical manifestations were related to a defect in cellular energetics. Pet. Ex. 16 at 26. After reviewing her history, Dr. Schoffner agreed that the previous metabolic testing was "suggestive of a defect in cellular energetics." Id. Dr. Schoffner recommended a muscle biopsy, genetic testing, metabolic testing, and cell culture based testing. Id. at 36. A CSF organic acids test, on January 8, 2002, displayed an increased lactate to pyruvate ratio of 28,1 which can be seen in disorders of mitochondrial oxidative phosphorylation. Id. at 22. A muscle biopsy test for oxidative phosphorylation disease revealed abnormal results for Type One and Three. Id. at 3. The most prominent findings were scattered atrophic myofibers that were mostly type one oxidative phosphorylation dependent myofibers, mild increase in lipid in selected myofibers, and occasional myofiber with reduced cytochrome c oxidase activity. Id. at 7. After reviewing these laboratory results, Dr. Schoffner diagnosed CHILD with oxidative phosphorylation disease. Id. at 3. In February 2004, a mitochondrial DNA ("mtDNA") point mutation analysis revealed a single nucleotide change in the 16S ribosomal RNA gene (T2387C). Id. at 11.

CHILD returned to the Krieger Institute, on July 7, 2004, for a follow-up evaluation with Dr. Zimmerman. Pet. Ex. 57 at 9. He reported CHILD "had done very well" with treatment for a mitochondrial dysfunction. Dr. Zimmerman concluded that CHILD would continue to require services in speech, occupational, physical, and behavioral therapy. Id.

On April 14, 2006, CHILD was brought by ambulance to Athens Regional Hospital and developed a tonic seizure en route. Pet. Ex. 10 at 38. An EEG showed diffuse slowing. Id. At 40. She was diagnosed with having experienced a prolonged complex partial seizure and transferred to Scottish Rite Hospital. Id. at 39, 44. She experienced no more seizures while at Scottish Rite Hospital and was discharged on the medications Trileptal and Diastal. Id. at 44. A follow-up MRI of the brain, on June 16, 2006, was normal with evidence of a left mastoiditis manifested by distortion of the air cells. Id. at 36. An EEG, performed on August 15, 2006, showed "rhythmic epileptiform discharges in the right temporal region and then focal slowing during a witnessed clinical seizure." Id. At 37. CHILD continues to suffer from a seizure disorder.

ANALYSIS

Medical personnel at the Division of Vaccine Injury Compensation, Department of Health and Human Services (DVIC) have reviewed the facts of this case, as presented by the petition, medical records, and affidavits. After a thorough review, DVIC has concluded that compensation is appropriate in this case.

In sum, DVIC has concluded that the facts of this case meet the statutory criteria for demonstrating that the vaccinations CHILD received on July 19, 2000, significantly aggravated an underlying mitochondrial disorder, which predisposed her to deficits in cellular energy metabolism, and manifested as a regressive encephalopathy with features of autism spectrum disorder. Therefore, respondent recommends that compensation be awarded to petitioners in accordance with 42 U.S.C. § 300aa-11(c)(1)(C)(ii).

DVIC has concluded that CHILD's complex partial seizure disorder, with an onset of almost six years after her July 19, 2000 vaccinations, is not related to a vaccine-injury.

Respectfully submitted,

PETER D. KEISLER
Assistant Attorney General

TIMOTHY P. GARREN
Director
Torts Branch, Civil Division

MARK W. ROGERS
Deputy Director
Torts Branch, Civil Division

VINCENT J. MATANOSKI
Assistant Director
Torts Branch, Civil Division

s/ Linda S. Renzi by s/ Lynn E. Ricciardella
LINDA S. RENZI
Senior Trial Counsel
Torts Branch, Civil Division
U.S. Department of Justice
P.O. Box 146
Benjamin Franklin Station
Washington, D.C. 20044
(202) 616-4133

DATE: November 9, 2007

PS: On Friday, February 22, HHS conceded that this child's complex partial seizure disorder was also caused by her vaccines. Now we the taxpayers will award this family compensation to finance her seizure medication. Surely ALL decent people can agree that is a good thing.

By the way, it"s worth noting that her seizures did not begin until six years after the date of vaccination, yet the government acknowledges they were, indeed, linked to the immunizations of July, 2000, - *David Kirby*

Now I am going to prove to you, BEYOND A SHADOW OF A DOUBT, that mercury is a distraction in the case of autism:

Please go to http://healthtruthrevealed.com/audio-interviews.php, click on "inoculations the true weapons of mass destruction", and listen to the interview I did on this very subject on 3/4/08. You will hear interviewer Greg Ciola mention research done at the University of Calgary in Canada regarding mercury's effect on brain neurons, and I thank him for sending me a link to this information. He also mentions an interview he did with John Moore, a researcher in the dangers of mercury who himself was severely injured by mercury poisoning due to multiple amalgam fillings. His interview is posted at http://healthtruthrevealed.com/full-page.php?id=39&&page=news. You will read on page 16 that Mr. Moore states that the research done at the University of Calgary shows "the myelin sheathing simply stripped away from the nerve".

Now, go to http://www.youtube.com/watch?v=85tgwh3HpsM; this is CRITICAL. You will hear and see the effect of mercury on brain neurons demonstrated by the University of Calgary which Mr. Moore refers to. Mercury causes DEATH of the nerve's axon, as the actin & tubulin which make up the neurofibrils are destroyed when mercury binds to the tubulin molecules, causing the neurofibril to collapse, and some neurofibrils form

aggregates or tangles. THIS IS THE KEY DIAGNOSTIC FEATURE SEEN IN ALZHEIMER'S DISEASE; NOT AUTISM! You will also notice that these neurons in a culture dish do not have myelin on them; in fact, THE MYELIN SHEATH IS NOT EVEN MENTIONED IN THIS VIDEO. (Side note - when the brains of Alzheimer's patients are studied microscopically, ALUMINUM is found in the middle of these neurofibrillary tangles).

I also encourage you to go to http://video.google.com/videoplay?docid=1803137818942286763, and hear Dr Boyd Haley discuss autism & thimerosol (be sure to watch all 4 videos in this series). Dr Haley blames thimerosol for Gulf War Syndrome (GWS) as well as autism. I have done many shows on GWS, which has many factors; Gulf War PLAGUE (the infectious component of the SYNDROME) is due to mycoplasma incognitas which was in the vaccines given to the soldiers. (In fact, this pathogenic mycoplasma has actually been PATENTED by Dr. Shyn Ching Lo of the American Registry of Pathology in Washington, DC, patent # 5,242,820). As explained in my document "Inoculation the True Weapons of Mass Destruction" at www.drcarley.com, the injection of vaccines corrupts the immune system and prevents any infective agent from being eliminated from the body. GWS has many other aspects to it; depleted uranium, pyridostigmine pills given to the soldiers, aspartame in their beverages, etc. To blame thimerosol solely for GWS is disinformation in its highest form.

Dr. Haley brings up the work of Dr Andrew Wakefield, whose medical license was attacked because he demonstrated measles virus in the lymphoid patches in the guts of autistic children. DR. BOYD ADMITS HE DID NOT EVEN STUDY THE MEASLES VIRUS. Although Dr Wakefield did not realize that these viruses' significance as a chronic infection is that this leads to a constant production of anti-measles antibody which, through molecular mimicry, then attacks the myelin sheath (causing demyelination), Dr. Wakefield is being persecuted because his work supports my work; especially since the MMR has NEVER HAD MERCURY. Dr. Haley's work reinforces the notion that if you take mercury out of vaccines, they will be safe. My work proves there is NO SUCH THING as a safe vaccine, due to the corruption of the immune system caused by injection of live viruses.

Dr. Haley also discusses how antibiotics further accelerate the damage in these children. The question he does *not* address is *why are the vaccinated children on antibiotics*? Answer...because they have chronic infection caused by inoculation of live bacteria & viruses; as quoted from Harrison's principles of medicine in my response to the CDC (also on my website), "RARELY IS PREVENTION OF INFECTION PER SE CONSIDERED TO BE AN IMPORTANT GOAL OF VACCINATION. In fact, asymptomatic infection after vaccination can serve to enhance and prolong the immune response". (And this prolonged immune response IS prolonged production of anti-measles antibody which then continue to attack the myelin sheath, causing demyelination). I also quote from Harrison's in my CDC response the symptoms of subacute sclerosing panencephalitis (SSPE), and you will see that autism *is* a non-fatal form of SSPE. The way Dr. Haley gets around the fact that almost every parent reports

their child descended into autism following their MMR shot is by saying that the children received OTHER vaccines containing mercury at the same time as they received the MMR.

Dr. Haley also discusses how mercury is more toxic in children with immune disorders. Where did these immune disorders come from? From the corruption of the immune system caused by the inoculation of live viruses. He also discusses that mercury can cause toxicity which affects genetics by decreased methylation of DNA & RNA. However, no mention is made of the genetic mutations caused by injection of plasmids of DNA from the organisms themselves and the tissues that the viruses are cultured on, which is the whole basis of DNA vaccines. That is why this court case focuses on the fact that the child had a genetic defect which caused mitochondrial dysfunction, and states that the child has "a regressive encephalopathy with features of autism spectrum disorder". Where this mitochondrial defect originated is not discussed...injection of foreign DNA in prior vaccines in either Hannah or one of her parents, if this defect was inherited. (However, if one of Hannah's parents has this mitochondrial defect, then why don't they have autism?)

Lastly, Dr. Haley also states that oral vaccines would be safer, but does not say this is because of the secretory IgA causing proper handling of the germ and its subsequent elimination from the body (as also explained in my inoculation paper), leading to life long NATURAL immunity. Of course, if all vaccines were made into oral forms, people may then ask the hard question...SO WHY ISN'T NATURAL EXPOSURE TO THESE VIRUSES THE BEST WAY TO GO? This question would stop vaccine production altogether, which would stop the creation of all autoimmune diseases and cancer, which would shut down Big Pharma. THAT IS THE POTENTIAL OF MY INFORMATION; which is why the medical mafia has gone as far as taking my only child, not just my medical license as they tried with Dr. Wakefield in an attempt to shut me down.

I also sent this document to Dr. Paul Offit at offit@email.chop.edu. Dr. Offit has a huge conflict of interest in promoting vaccines, as he developed the rotavirus vaccine which had to be taken off the market as it sent so many children into the operating room with the life threatening condition called intussusception, where the bowel telescopes in on itself. This is what I stated to Dr. Offit: “I am anxious to hear you present your evidence that autism is ***not*** a non fatal form of subacute sclerosing panencephalitis, since the only evidence you presented in your recent book *Vaccinated* praising Maurice Hilleman was that SSPE is always fatal.” No response from Dr. Offit, who has also publicly made the insane statement that “children can handle 10,000 vaccines at one time.”

If you want to learn how the post encephalitic syndrome caused by vaccines causes changes in the brain that lead to violence and criminal behavior, please go to www.thinktwice.com and order the highly referenced book *Vaccinations, Social Violence and Criminality* by Harris Coulter, PhD. Do you now see how vaccines contribute to the ever increasing violence being seen in our young people; not to mention how many children are subsequently put on psychiatric drugs after sustaining neurological vaccine

damage leading to ADD, ADHD, etc. As Big Pharma has even started to admit, these drugs have a side effect of homicide and suicide.
Are you beginning to realize how important it is to stop this insane practice of inoculating our children with disease, and instead give them natural supplements to boost their natural immunity?

Can you handle knowing the fact that all this is being done to the children ON PURPOSE? Then go to http://www.republicbroadcasting.org/index.php?cmd=archives.month&ProgramID=36&year=8&month=3&backURL=index.php%253Fcmd%253Darchives.getyear%2526ProgramID%253D36%26year%3D8%26backURL%3Dindex.php%253Fcmd%253Darchives and listen to the 2nd hour of my interview on 3/5/08 with Dr. True Ott, where he discusses how the history of MediSIN goes back to the 1600's as detailed in the Magnum Opus by Jesuit Del Rio, with the creation of amulets by sacrificing animals and mixing their blood with mercurial compounds TO CAST A SPELL AND CONTROL THE MINDS OF THE POPULATIONS (Dr Ott discusses this starting at 13 minutes of the 2nd hour of our interview). He explains how the origins of the word "pharmaceutical" in Latin is "pharmakia", which translates to "SORCERY". Yes, folks...you have now entered the rabbit hole...because nothing has changed since the 1600's.

I have been trying for 10 years to stop the vaccination holocaust on people and pets. I have proven, with the quoted studies and works of the "mercury causes autism" disinformers themselves, that it is **NOT MERCURY WHICH CAUSES AUTISM.** I leave it up to you to forward this e-mail to all the individuals and groups which promote mercury as the cause of autism, so you will see for YOURSELVES who is intentionally misleading you, vs. who was misguided. You will know which is the case by whether or not they respond. SILENCE IS CONSENT that I am right; and if they do not join with me to stop this holocaust altogether, you must then ask yourself WHY. IT IS TIME FOR THOSE WITH HONORABLE INTENTIONS TO JOIN WITH ME TO STOP THIS EPIDEMIC OF VIDS. I have already sent this document to Dr. Boyd Haley (behaley@uky.edu) and David Kirby (brook200@hotmail.com); please do so yourselves.

Let's roll....

Namaste,
Dr Carley