

R-Garden Newsletter



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Interview With Andrew Wakefield: Is a Coronavirus Vaccine A Good Idea?

By Hilda Labrada Gore

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HILDA LABRADA GORE: Our focus today is on whether a vaccine against the coronavirus is a good idea. We need to learn more about the history of vaccines developed against viruses, what's at stake and what we might expect if we choose to get the vaccine—or choose not to. Our guest, Dr. Andrew Wakefield, is the doctor whose discoveries opened up an entirely new perspective on childhood autism, the gut-brain link and vaccine safety. He has been studying the latter for some time. We turn to him because he is willing to speak the truth, no matter the consequences. Basically, he's something of a whistleblower in the medical industry. Andy, I'm curious to explore with you our relationship to microbes and what, if anything, that has to do with our current situation. Can you give us a little history?



ANDREW

WAKEFIELD: Yes. It's a fascinating story and one that I've studied now for over thirty years in my professional career. It's really a question of perspective. When you go back to the time of Louis Pasteur and then Alexander Fleming (who discovered penicillin) and other people like them, you see in what they wrote that microorganisms—even though they were poorly characterized at the time—were perceived as enemies. Pasteur wrote about “these enemies” and the hope that science would conquer the enemy. That was the perception of the time. You can understand it in a historical context, when diseases like syphilis, battlefield gangrene and rheumatic fever were

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R-Garden will be closed from December 25th until January 4th

Our website can take orders during this time and we will still accept phone/mail orders for December's sale items January 4th and 5th since we will be closed the last week of December.

Merry Christmas!

major problems. When antibiotics came along and dealt with those infections very effectively, it reinforced the perception that microbes were indeed enemies.

HG: How are things different now?

AW: Now we know better. Now we live in the era of the microbiome. Now we understand that while some of these microorganisms may be harmful, many of them are essential to our survival. In fact, what's emerging is that the health, consistency, make-up and well-being of the gut microbiome, in particular, are essential to everything we do, whether in terms of our metabolism, development or immune health. More recently, we've gone on to discover this gut-brain interaction to the extent that we now know that the microbiome influences our brain development, our mood and our personality. I find it fascinating. No man is an island. We could not exist on this earth without the health of our microbiome, which in terms of numbers of organisms, exceeds our own number of cells. So, we've now learned something very different, and what we need to do is treat that microbiome with a great deal of respect. This applies not only to organisms that we now perceive as being helpful and friendly but to those that we've historically seen as pathogens. We need to accord them a great deal of respect. Because if we do not, we will get into a very difficult situation.

What happened as a consequence of our belief that antibiotics were a “miracle?” This was the word used by public health physicians at the time. Historically, of course, that was a justifiable perception, but nature does not stand still. Nature evolves at an extraordinarily high rate with great efficiency because it is geared up to do just that to survive and prevail. We created, through

our injudicious use of antibiotics, a plethora of microbes that are highly dangerous—that are antibiotic-resistant and are causing what public health officials describe as “the end of modern medicine” and a “post-antibiotic apocalypse.” Again, those are their words.

HG: What you are saying makes sense. I understand that we have been overusing antibiotics, and even the medical community is recognizing that. But you said that we also need to give bad pathogens “the respect they deserve.” What do you mean by that?

AW: I’ll give you an example. We’ve now entered into the same arena with vaccines against viruses that we had with antibiotics. Indeed, with vaccines across the board, we’re now seeing the emergence of bacterial pertussis strains that are resistant to the pertussis vaccine immunity, and measles strains that are resistant to the immunity induced by the vaccine strain. We never saw this before, but in the face of intensive vaccination, we have pushed these organisms to mutate. That is what we do. We create a genetic selection pressure; they mutate and they develop a resistance to the immunity induced by the vaccine. So we’re seeing strains of measles emerging that are resistant to the immunity created by the vaccine, whatever that is. And that is caused by vaccination. We’re creating a potential nightmare because we are creating strains of these viruses to which man has no immunity. And we are going to behave potentially as what is described as “the virgin soil population.” It’s like we’ve never seen this infection before. That would be the worst-case scenario. Then potentially we’re back to where we started.

HG: Are you referring to what I’ve heard called “superbugs”?

AW: Absolutely. This is the common parlance for bugs that are resistant to whatever medical interventions we might throw at them or indeed to preventions, like vaccines, that we might throw at them. And they have been created as a direct consequence of the injudicious use of these things and the failure of scientists and public health officials to recognize that we create that genetic selection pressure by the way in which we use these interventions.

HG: In other words, what we thought could save us, and which seemed like something of a miracle cure, is now actually harming us and is causing a ripple effect of consequences that we might not have predicted.

AW: That is exactly right. If you offend nature, if you make even small changes to biological systems—ecosystems—nature will exact a huge price. It won’t always do it immediately; it can be delayed. You will potentially see the consequences reaped in generations to come, but it will happen.

HG: What is the medical community looking to do, and what is your perspective on that? What do you think we should do next?

AW: The response of the medical community is the one it uses when it has no answers. It’s increasingly

It is not the magnitude of our actions but the amount of love that is put into them that matters. ~ Mother Teresa

recognized—certainly in the upper echelons of public health and the pharmaceutical companies—that they’ve created this problem, though they don’t wish to discuss it. And so, as ever with medicine, the recommendation is “take more,” “up the dose.” For example, more booster doses of MMR [measles-mumps-rubella vaccine], and booster-booster doses. It doesn’t work. Any immunity that’s induced by those boosters is short-lived and exacerbates the problem, but there is no answer. I’m sure that within the research and development (R&D) department of pharmaceutical companies involved with developing vaccines, there is a great deal of interest in developing novel forms of viral vaccines, but these vaccines are terrifying. The proposed Covid vaccine, an RNA-based vaccine, has never been used in humans before. It’s a terrifying concept to many of us—but here it is being put into humans without proper safety testing. It’s alarming. People who have created this problem have no answers to solve it.



HG: This gives me pause. People are terrified by the virus and are looking for a vaccine to help. Some see the vaccine as the only hope. I take it you would disagree with that?

AW: I would disagree totally. Firstly, there is the intrinsic issue of the vaccine per se. You’re using a vaccine strategy that has never been used before. People have tried for many years to develop a vaccine to the common cold virus (one type being coronaviruses) and have failed repeatedly. Therefore, it seems to be an exquisitely difficult problem to deal with. In addition, our past experience with untried, untested vaccines that are rushed to market is not good—not good at all. This is illustrated in my new film, **1986: The Act**. Consider the swine flu vaccine in the late 1970s. The problem was that the virus was not what the CDC said it was—it was not the “killer swine flu” of 1917. And the vaccine was dangerous. It was rushed to market, just as we’re seeing now, and what we witnessed was paralysis and death as a consequence. The cure was infinitely worse than whatever it was intended to treat. Now history is

repeating itself. The hope is that no one will remember or will be reminded of that history as they rush toward the market in these circumstances.

I do not think a vaccine is the answer. I'm much more inclined to believe that natural herd immunity is an answer. I believe that those who are resistant to this infection—including young, healthy people—should be exposed to the infection, get it and develop natural herd immunity. And those who are susceptible—the elderly and those with comorbid conditions—should be protected and isolated for a period of time such that natural herd immunity can develop. What we're seeing in Sweden, for example, is just this strategy. No lockdown and an attempt, I imagine, to just let this play itself out, as most respiratory pathogens do. And what we see, given how the numbers are emerging, is that this disease is no worse in terms of its mortality than the quoted figures for seasonal influenza in this country.

UPDATE ON SATELLITES

The alteration of the earth's electromagnetic environment is rapidly accelerating.

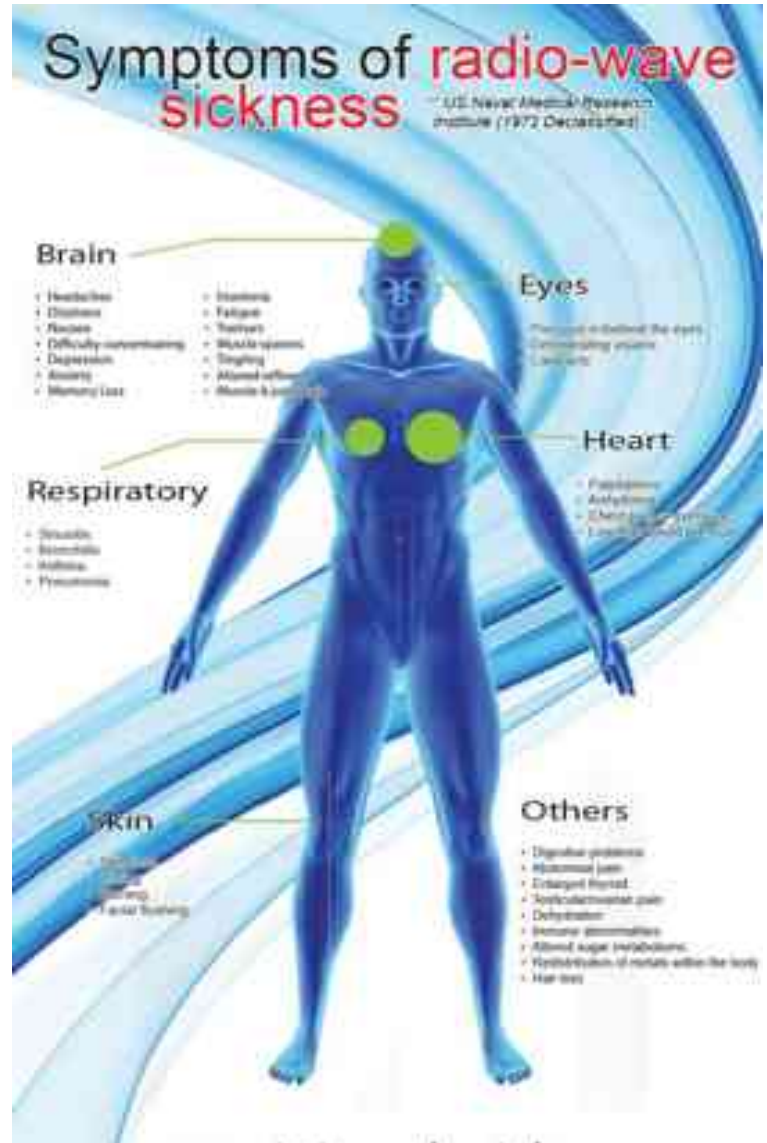
SpaceX has accelerated the launchings of its Starlink satellite constellation, adding 180 new satellites during the month of October. Sixty satellites were launched on October 6, sixty more on October 18, and sixty more on October 24. This brings to approximately 858 the number of SpaceX's satellites now orbiting in the earth's ionosphere.

Public beta testers are advised that they are required to mount their user terminals in fixed locations on their own property. Once commercial service begins, however, user terminals will also be able to be mounted on vehicles, as well as on ships at sea.

The onset of public beta testing has coincided with reports of intensified heart palpitations from some of my correspondents, and with a sudden increase in hospitalizations and deaths from COVID-19 in many countries.

Incentive for Deforestation?

The availability of 5G from space could accelerate



deforestation. The email from SpaceX comes with a set of Frequently Asked Questions, which states:

“Starlink needs a clear view of the sky to ensure continuous, best quality service. Your Starlink should have a view of the sky free from obstructions such as trees... Your Starlink needs to be able to ‘see’ every part of the sky where a satellite it is communicating with may fly. This is your Starlink’s ‘field of view.’... This is important as even small obstructions (single tree, pole, etc.) can interrupt your service.”

Considering that 700,000 Americans who live and travel in remote locations have already expressed interest in receiving Internet from space once Starlink is up and running, this could be an incentive to cut down trees all over the world.

SpaceX's Earth Stations

The Starlink system requires earth stations, scattered throughout the world, in order to monitor, control, and relay signals from all of the satellites. Thus far, SpaceX has applied for and/or built earth stations in 35 locations, just in the United States:

SpaceX is operating, or will operate, 8 antenna

domes at each of the above locations, in order to track 8 satellites at the same time.

SYMPTOMS OF RADIO WAVE SICKNESS

Radio wave sickness was originally an occupational disease that became widespread after World War II among workers exposed to radio waves. These workers manufactured, inspected, repaired or operated radio or microwave equipment. Some worked at radar facilities, others for radio or TV stations, or telephone companies. Still others operated radio frequency heaters and sealers being used in an expanding number of industries using technology developed during the war.

These workers suffered from headaches, fatigue, weakness, sleep disturbance, irritability, dizziness, memory difficulty, sexual dysfunction, skin rash, hair loss, decreased appetite, indigestion, and occasionally sensitivity to sunlight. Some had heart palpitations, stabbing pains in the region of the heart, and shortness of breath after exertion. Many developed emotional instability, anxiety or depression, and some had mania or paranoia.

On physical exam they had decreased sensitivity to odors, sweating, tremors, altered reflexes, unequal pupil size, heart arrhythmias, and unstable pulse and blood pressure. They had abnormal EEGs and EKGs and, in advanced stages, signs of oxygen deprivation to the heart and brain. Some developed cataracts.

Blood work showed hyperactive thyroid, elevated histamine, elevated blood sugar, elevated cholesterol and triglycerides, an increase in blood proteins, a decrease in the albumin-globulin ratio, decreased platelets and red blood cells, and increased or decreased white blood cells.

This is no longer just an occupational disease. Today, because of cell phones, WiFi, and the wireless infrastructure, the whole world is exposed to levels of radio waves that previously only workers in certain industries were exposed to. Radio wave sickness is now universal among the general population. But until this year, people suffered quietly and did not talk about their symptoms with their neighbors. That has now changed.

People are now talking publicly about their symptoms. But they are still not recognizing the cause.

Unless scientists, doctors and policy makers wake up to the soup of radiation that we are all living in, we do not have a prayer of saving our environment. And unless scientists, doctors and policy makers learn to distinguish a respiratory virus from radiation sickness, we will never emerge from the COVID-19 pandemic.

State + Big Pharma Moves Aggressively Against Parents' Rights

By Jefferey Jaxen on The Highwire.com website

In 2016, MSNBC host Melissa Harris Perry made a concerning statement. Discussing public education, Harris Perry said, "We have to break through our kind of private idea that kids belong to their parents or kids belong to their families."

In the four years since, concepts like "kids belong to the community" have been insidiously melded into "greater good" public health vaccination talking points from politicians deciding policy.

This move is now supercharged with the coronavirus response. We're being told, 'we're all in this together,' a mantra-like chant droned into society's consciousness.

This debate is reaching critical mass because corporate media has long refused to provide public balance to the issue. Big Media has neutralized parents' concerns via limited, unscientific Big Pharma talking points. The division between facts and propaganda has been percolating.



Religious, medical and philosophical barriers protecting children from historically criminal, unethical corporations have been systematically removed. It was inevitable that the final battle would be to remove the 'parent barrier.' That's where we are now.

Directly before the world experienced the coronavirus, the vaccine debate had devolved to whether parents should be removed from the picture entirely when it comes to vaccine decisions. The health community and government representatives deemed parents and the need for parental consent 'a barrier to obtaining vaccination.'

The world's people are staring down a possible future reality in which they remain confined to their homes without an experimental COVID shot rushed to market. Meanwhile, Big Pharma is working through governmental officials and still targeting children.

Washington D.C.'s B23-0171 is a big canary in the coal mine to make the medical-industrial complex the

parents of future generations of American children. Put forth in 2019, the bill had no activity for over a year. During a public hearing in June 2019, pediatrician Dr. Helene Felman, representing Washington D.C.'s chapter of the American Academy of Pediatrics (AAP), stated:

"As a pediatrician, I like the legislation as it stands because it offers the opportunity to capture those young adults who can make informed decisions at technically any age."

Fast forward. Present-day. The bill was just passed by a voice vote in a virtual meeting of D.C.'s Health Committee and, as the DCPPost.com put it in their headline, "**D.C. Paves Way for Permitting Vaccination of Kids Without Parental Consent**".

They decided that 11 years of age was the magic number for kids to okay vaccination behind closed doors with a provider who is protected from liability and has no accountability for what happens to the child after vaccination.

What if the parents find out? Don't worry, they probably won't, it'll be our little secret. The bill contains "many protections so that the confidentiality and privacy of the minor's actions are maintained."

The chair of the Health Committee who passed the bill, Vincent C. Gray (D-Ward 7), was quoted in the Washington Post saying, "the hope of an imminent coronavirus vaccine gave the bill new urgency." This seems to imply that the Covid shot, without parental consent, will be given to all children. Children are of the lowest risk of the coronavirus. Children are minimally if at all, represented in the current Covid vaccine trials.

The National Vaccine Information Center's advocacy portal gives further points seemingly unconsidered in the bill's creation, stating:

There is no justification to override a parent's legal right to make an informed benefit and risk decision about vaccination on behalf of their minor children, ignore their religious rights to decline vaccination, and then hand that responsibility to vaccine providers who are protected from liability and have no accountability for what happens to the child after vaccination.

A child is less likely than their parent to understand personal and family medical history, including vaccine reactions, allergies, and autoimmune or neurological disorders.

Kids do not have the same kind of critical thinking skills or emotional maturity required to make a vaccine benefit-risk decision compared to an adult. Vaccines can cause injury and death, as evidenced by the National Vaccine Injury Compensation Program, which has paid out over \$4.4 billion dollars to vaccine victims.

Children and adolescents are vulnerable to peer and authority-figure persuasion.

If a child consents to vaccination without their parent knowing and has a reaction, the parent may not recognize the reason for their child's decline in health,

and this lack of knowledge could be life-threatening for the child.

This puts minor children at risk of being pressured and coerced into getting a COVID-19 vaccine behind their parents' back once it is available and added to the ACIP recommended schedule for children.

Probiotics for Health

Colonies of "friendly" bacteria must live in the colon for it to function properly. Without these beneficial bacteria, we are more susceptible to harmful yeasts, intestinal toxemia, dangerous bacteria, viruses, and a wide spectrum of other problems. Why? Because without the good bacteria to eat up the toxic waste from food that has not been completely digested and eliminated, the toxins and undigested food particles can enter the blood stream and cause the immune system to work overtime. These substances are treated as foreign invaders that must be either converted into something usable or removed from the body. Over time this can weaken the immune system so that it is unable to handle serious inflections and diseases.

The toxins produced from this waste material can spread throughout your body, literally poisoning you. Your "starved" and poisoned organs and systems can become stressed and eventually weaken to the point where they fail to function properly. This is why so many researchers now believe that "death begins in the colon."

Unfortunately, the friendly bacteria that should populate our colons and prevent this sort of scenario are constantly under attack by an increasingly diverse array of enemies. These include the all-too-common enemies of chlorinated water, the antibiotics we take for illness and those we ingest in the meat and pasteurized dairy products we consume, alcoholic beverages, some chemicals, as well as radiation and chemotherapy.

These "friendly" intestinal bacteria used to be passed naturally from mother to infant. Unfortunately, over the past half-century, in our haste to kill all bacteria, we have also killed the good with the bad. That's why it is so important to regularly reintroduce good bacteria into our intestinal tracts to ensure we keep them healthy. Additional supplementation may also be necessary immediately following use of antibiotics or other treatments aimed at killing bacteria or viruses.

"I just noticed your November newsletter 'Celebrating our 30th Anniversary'. Thank you for being there for all your customers -- with your quality products!! I am alive because of your products. This is no exaggeration. Especially the Gamma Zyme and Maximizer. You can't even imagine how grateful I am."

-- Vernelle R., Monroe, WA