Zika? Maybe There's a *Silver Lining* After All

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Zika… the new "baby killer and paralytic virus." ***Panic in the streets! Where's my vaccine?!***[1,2]
Maybe we should cancel the Brazilian Summer Olympics![3]

WAIT! What if it's not Zika that we should be worried about: what if we're really dealing with a mass adverse reaction to required-during-pregnancy-vaccines, genetically modified anything and other potent environmental toxins?

Yes. Zika fear, loathing and sycophant media vaccine-adoration certainly reign supreme at the moment

What if microcephaly and the Guillan Barre syndrome *allegedly* caused by Zika turned out to be a spur to actually think sanely about not only those hazards, but about vaccination in general, pollution in general, and about consequent headlong, insanely irresponsible genetic modification of ourselves and our world? What if the current Zika craziness were to turn on some major corrective sanity?

What if people realized that the last thing they need is another vaccine (or, in fact, the ones that we already have) and decide, *en masse*, to exert their universal right of Informed Consent and say "NO!" to vaccines as they have the right to do now no matter the local law where they live?[4]

Zika could kick off a round of collective and individual sanity and cohesion. All we need to do is *stop*, take a deep breath and do the unthinkable: THINK!

First, Some Political Theatrics to Set the Stage, Then Some Corrective Reality:

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[1] https://www.technologyreview.com/s/601389/zika-vaccine-may-come-too-late/
[2] http://time.com/4188973/zika-virus-vaccine-nih/
[3] http://www.forbes.com/sites/leeigel/2016/02/03/zika-outbreak-means-it-is-now-time-to-cancel-rio-olympics/#238b30544f92
[4] www.DrRimaTruthReports.com/AdvanceVaccineDirective

1. Feb 1, 2016, Margaret Chan, MD, Director General of the World Health Organization (WHO) declared a Public Health Emergency of International Concern (PHEIC) based on "information" that clusters of Gillian Barre syndrome and microcephaly in Brazil (2015/16) and French Polynesia (2014*) may have been* associated with Zika Virus.

***May* have been.**

2. An astonishing 34.6 times as many babies were suspected of having microcephaly in the 3 months from November 2015 to 2016 as in the preceding 13 years (5640 November, 2015 to February 2016, vs. 163 from 2001-2014)[5].3. The reported increase in microcephaly incidence in Brazil is concentrated in the northeast state of Pernambuco.

3. Doctors were directed by the Brazilian government to report **all** babies born with a head circumference of 33 cm (13 inches) as having microcephaly as part of Brazil's "Operation Stork". According to the US CDC, head circumference falls below that size in 10% of males and 25% of female babies and that low circumference may be perfectly normal.

4. Pre-term babies and newborns who died were automatically included as microcephaly cases, dramatically, but irresponsibly and irrationally inflating the numbers.[6]

National Center for Health Statistics

CDC > NCHS Home > Growth Charts > CDC Growth Charts > Clinical Growth Charts

Data Table of Infant Head Circumference-for-age Charts

Males, Birth - 36 Months

Age (in months)	3rd Percentile Head Circumference (in centimeters)	5th Percentile Head Circumference (in centimeters)	10th Percentile Head Circumference (in centimeters)	25th Percentile Head Circumference (in centimeters)	50th Percentile Head Circumference (in centimeters)	75th Percentile Head Circumference (in centimeters)	90th Percentile Head Circumference (in centimeters)	95th Percentile Head Circumference (in centimeters)	97th Percentile Head Circumference (in centimeters)
0	31.48762	32.14881	33.08389	34.46952	35.81367	37.00426	37.97379	38.51574	38.85417

Females, Birth - 36 Months

Age (in months)	3rd Percentile Head Circumference (in centimeters)	5th Percentile Head Circumference (in centimeters)	10th Percentile Head Circumference (in centimeters)	25th Percentile Head Circumference (in centimeters)	50th Percentile Head Circumference (in centimeters)	75th Percentile Head Circumference (in centimeters)	90th Percentile Head Circumference (in centimeters)	95th Percentile Head Circumference (in centimeters)	97th Percentile Head Circumference (in centimeters)

http://www.cdc.gov/growthcharts/html_charts/hcageinf.htm 7

5. A Pediatric cardiology group in Brazil recorded data on head circumference and reported an increase in microcephaly in Brazil starting in July, 2012, long before the arrival of Zika in the Western Hemisphere[8]

[5] Zika Situation Report 26 Feb 2016, http://who.int/emergencies/zika-virus/situation-report/26-february-2016/en/
[6] http://thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2816%2900273-7.pdf
[7] http://www.cdc.gov/growthcharts/html_charts/hcageinf.htm
[8] Soares de Araujo JS et al. 2016. Microcephaly in northeast Brazil: a review of 16 208 births between 2012 and 2015. Bull World Health Organ.

6. Investigations have been concluded in 1,533 cases of microcephaly in Brazil. "There are many normal children who were included [in the original count]. This generates a lot of anguish for the families, for the general population," said Vanessa van der Linden, a pediatric neurologist in Recife. Van der Linden was the first doctor to identify the microcephaly outbreak in Brazil.[9]

Of these 1,533 cases,

- **30 (1.9%) were confirmed as having microcephaly potentially linked to congenital Zika virus infection**
- This number includes 2 microcephalic infants (0.06% of confirmed cases, .01% of cases investigated) were found to be positive for Zika infection via RT-PCR detection[10]
- Amniotic fluid of two Brazilian microcephalic fetuses (6.6% of confirmed cases, .1% of cases investigated) was found to contain Zika virus[11]
- 950 cases (62% of suspected cases) of potential microcephaly were discarded because they did not fulfill the operational case definition of the disorder,
- 583 confirmed cases of microcephaly (38% if suspected cases) were caused by other factors including other infections
- Zika virus was detected in 17 babies (1% of suspected cases), including the 2 fetal losses mentioned above and the two microcephalic infants mentioned above[12]
- On Dec 8, 2015, the Ministry of Health in Brazil revised the case definition for suspected microcephaly in newborn babies and reduced the head circumference criterion in term newborn babies to less than or equal to 32 cm(12.6 inches) regardless of gestational age[13]
- 68.1% of all babies born in Brazil are less than 40 weeks of gestation[14]
- Brazil has the highest caesarian birth rate in the world so the use of such fixed cutoff head circumference measurements for newborn infants is therefore inappropriate and has been identified in the international community as scientifically invalid.[15]

[9] https://www.washingtonpost.com/news/worldviews/wp/2016/01/29/brazil-may-have-fewer-zika-related-microcephaly-cases-than-previously-reported/

[10] Oliveira Melo AS 2016. Zika virus intrauterine infection causes fetal brain abnormality and microcephaly: tip of the iceberg? Ultrasound Obstet Gynecol. 47(1):6-7.

[11] http://www.ncbi.nlm.nih.gov/pubmed/26897108

[12] http://thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2816%2900273-7.pdf

[13] Brasil Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Vigilância das Doenças Transmissíveis. Protocolo de vigilância e resposta à ocorrência de microcefalia relacionada à infecção pelo vírus Zika. Brasília: Ministério da Saúde, 2015

[14] Gibbons L, Belizan JM, Lauer JA, Betran AP, Merialdi M, Althabe F. Inequities in the use of cesarean section deliveries in the world. Am J Obstet Gynecol 2012; 206:e1–19.

[15] Ibid.

- WHO Standards rule out the diagnosis of microcephaly even if the child's head falls below the 2nd Standard Deviation if there are no structural abnormalities. This means that the Braziliannumbers are so distorted that they are so seriously misleading as to render them meaningless.[16],[17]
  In addition to the scientific and statistical absurdities mentioned above, doctors in Pernambuco have been directed to report head measurements rounded to the nearest cm rather than reported in mm. Thus, their measurements are close to worthless.[18]
  Currently, 4,107 children remain under investigation for suspected microcephaly
- 120 child deaths (8%)occurred after birth or during pregnancy (miscarriage or stillbirth) but did not involve either microcephaly or Zika Virus
- 80 cases (5% of suspected cases) are still being investigated
- 10 (7% of suspected cases) were discarded[19]

7. 52 countries have reported Zika Virus occurrence between January 2007 and February 2016[20]

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8. Only French Polynesia and Brazil have reported an increase in either microcephaly or Guillan Barre Syndrome (GBS) although between January 2007 and February 2016[22]
6 countries, Brazil, French Polynesia, El Salvador, Venezuela, Colombia and Suriname, have reported an increase in the incidence GBS following a Zika virus outbreak[23]

Increased incidence of GBS cases (without biological confirmation of the association with Zika)	Increased GBS incidence and biological confirmation of Zika infection in some of the cases	Reporting GBS with laboratory confirmed Zika virus infection (without increase of GBS incidence)
Brazil	French Polynesia	Martinique
El Salvador	Suriname	Puerto Rico
Colombia	Venezuela	

9. Puerto Rico and Martinique have also reported cases of GBS associated with Zika virus infection, but without evidence of an overall increase in the incidence of GBS. [24]

10. During the 2013 Zika outbreak in French Polynesia about 28,000 people in the total population of 270,000 (10%)were confirmed to have contracted Zika. During that outbreak, four Zika-

[16] WHO. Birth defects surveillance: a manual for programme managers.
Geneva: World Health Organization, 2014.
[17] WHO. Birth defects surveillance: a manual for programme managers.
Geneva: World Health Organization, 2014.
[18] http://thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2816%2900273-7.pdf
[19] Zika Situation Report 26 Feb 2016, Op. Cit.
[20] Lyons-Weiler, J. et. Al, Areas of Research and Preliminary Evidence on Microcephaly, Guillain-Barré Syndrome and Zika Virus Infection in the Western Hemisphere, Unpublished manuscript, Appendix 1
[21] http://www.who.int/emergencies/zika-virus/situation-report-26-02-2016.pdf
[22] Ibid.
[23] Ibid.
[24] Ibid.

positive women gave birth to babies with central nervous system malformations. None of the babies had microcephaly.[25]

The high-stakes rush to vaccinate has been headlong and high rolling but do we need a vaccine for Zika? Has Zika virus caused either birth defects in Brazil and French Polynesia or caused Guillan Barre Syndrome anywhere? Questions remain unanswered but, as this article indicates, not unasked.

So let's follow the thought processes of a group of scientists who are actually thinking like scientists and ask, along with them, what are the reasonable, testable and, most important, falsifiable, hypotheses concerning Zika Virus, Microcephaly and GBS?[26]

Here are the eleven potential possible hypotheses they identify:

1. Direct Zika-related microcephaly through unspecified mechanisms Something about the impact of Zika Virus on the pregnant woman or fetus uniquely in Brazil and French Polynesia results in damage to the brain and skull of the fetus (microcephaly)

Evaluation: Since the uptick in microcephaly in Brazil predates the current supposed uptick, it is highly unlikely that Zika Virus is actually associated with microcephaly. All of the countries reporting Zika Virus with the exception of Brazil and French Polynesia show no association with birth defects. Further, all of the known and confirmed cases of microcephaly in Columbia, Surinam, etc., show no evidence of Zika association making this an unlikely hypothesis which, lacking further evidence, must be discarded with the following exception: the South American variant of Zika, but not others, contains a single point amino acid alteration, M2633V, which might conceivably be associated with fetal changes. More study is needed to test this hypothesis.[27],[28]

2. **Molecular mimicry of Bordetella pertussis [whooping cough] peptides in tetanus-diptheria-acellular pertussis (TDaP) or whole cell Pertussis (wP) vaccines causes molecular mimicry in the developing fetus resulting in brain and skull deformities;[29]**

3. **Evaluation:** TDaP and wP vaccination for pregnant women were in use prior to December, 2014. At that time, the shot was made mandatory by the government of Brazil for all pregnant women before the end of their 22nd week of pregnancy. First reports of Zika virus infections in Brazil occurred in May, 2015, followed by reports of microcephalic births in Brazil in October, 2015. **Vaccine and whole-cell Bordetella pertussis vaccine (wP)** may directly induce microcephaly [Inexpensive whole cell pertussis vaccine (wP) is used for poorer patients in

[25] PAHO/WHO. 2015. Neurological syndrome, congenital malformations, and Zika virus infection. Implications for public health in the Americas. 1 Dec 2015
[26] Lyons-Weiler, J., Ibid.
[27] Brasil P et al., 2016. Zika Virus Infection in Pregnant Women in Rio de Janeiro - Preliminary Report. N Engl J Med. Mar 4. http://www.nejm.org/doi/pdf/10.1056/NEJMoa1602412
[28] Petersen, EE et al. 2016. Interim Guidelines for Pregnant Women During a Zika Virus Outbreak — United States. www.cdc.gov/mmwr/volumes/65/wr/mm6502e1.htm
[29] This vaccine was mandated for pregnant women before week 22 of gestation by the Brazilian government in May, 2015.

public clinics while the more expensive acellular TDaP vaccine is used in richer clinics.];[30]

Evaluation: Since Lyons-Weiler, et. Al., consider the likelihood high that the B. pertussis vaccines are causing auto immune response to developing fetal neurological tissue, they recommend testing this hypothesis by halting B. pertussis vaccination to watch for a resulting drop in microcephaly.

Where transmission of maternal vaccine-induced B. pertussis antibodies occurs, molecular mimicry, in which the antibody stimulates a change in the production of proteins, can take place. Antibodies are then created against the developing tissue, in this case, brain tissue, and malformation follows not as a direct result of the vaccination, but as a direct result of the changes to the function and structure of the immune system so that it attacks the developing brain.

"Neurological development involves a balance between the neuronal growth (via cellular division) and death (via chronic microglial autophagy and apoptosis). At the end of the second trimester, the human brain is only 2/3 the size it will be at birth; cessation of cerebral growth at 28 weeks could lead to noticeable microcephaly."[31]
World-wide experience shows that here acellular pertussis vaccines are used, for example, in Surinam, the incidence of Zika-related microcephaly has been zero.
The vaccine history of each woman whose baby has been diagnosed with microcephaly should be examined.

NOTE: Lyons-Weiler, et. Al, make an especially important point connecting vaccines and autism through any vaccination during pregnancy via a related mechanism: "Chronic microglial activation and mitochondrial dysfunction [those processes damaged in this model of the development of microcephaly-Dr. Rima] are leading candidate causal processes for autism. Autoimmune against the gene regulating microglia and against mitochondrial genes could shut down essentially processes necessary for brain development, including cellular energy during gestation."[32]

4. ***Pestivus* virus [a frequent viral contaminant of veterinary vaccines in Brazil] contamination in locally produced whole-cell Bordetella pertussis vaccine may cause the microcephalic changes reported;[33]**

Evaluation: Contamination of biological products with fetal bovine serum containing the Bovine Viral Diarrhea virus 1 (BVD1), a Pestivirus, has been reported in Brazil, including contamination of vaccines for veterinary use.[34] Pestivirus has been associated with microcephaly so lots of TDaP and wP vaccines, which are made locally in Brazil, should be routinely examined for Pestivirus contamination.

5. **Glyphosate (Roundup®) toxicity in bovine products in TdaP or wP vaccine (via interactions w/aluminum in the vaccine) causes the reported abnormalities;** [Since

[30] Lyons-Weiler, J., Ibid.
[31] Ibid.
[32] Ibid.
[33] Ibid.
[34] Giangaspero, M 2013. Pestivirus species potential adventitious contaminants of biological products. Trop Med Surg 1:6.

vaccines are cultured on, and use, products from animals fed Roundup Ready ® products, the presence of glyphosate may be an unidentified contaminant in vaccines.];[35]

Evaluation: Glyphosate has been recovered from the organs and tissue of animals which suggests that it can be incorporated into tissues during protein synthesis inactivating protein DNA-PKcs.[36] Tiny defects in this protein have been observed to induce profound neurological deficiencies including Microcephaly.[37]

In addition, another potential source of serious contamination must be taken under serious consideration: "The viruses for the vaccine are grown on an amino acid complex derived by proteolyzing [breaking down – Dr. Laibow] cow casein. Casein is a protein in milk, contains a considerable amount of glycine. If the casein is derived from milk from cows fed "glyphosate-ready" corn and soy feed, glyphosate could substitute for glycine in the casein during *in vivo* protein expression. *G*lyphosate contamination in TdaP or wP, combined with generally wide exposure *in utero*, may contribute to microcephaly.[38]

Not only that, making matters far worse, as renowned MIT Professor Stephanie Seneff points out, aluminum and glyphosate are synergistically toxic so that glyphosate incorporated into the material of the vaccines in the presence of an aluminum adjuvant [immune irritant – Dr. Laibow] makes the vaccine even more potentially neuro and other-system toxic.[39]

As glyphosate-resistant weeds become common, new versions of it, such as glufosinate, are widely used. Glufosinate mimics the action of glutamate. When glutamate and glycine analogues work together the results can include neuroexcitotoxicity. Additionally, the impairment of critical detoxification pathways in the methylation cycle may also be a route for glyphosate induced neural tube defects during fetal development.[40]

6. **Zika p53-BAX induced apoptosis, as in Rubella virus may account for the reported abnormalities [This is a known mechanism of action by which Rubella virus can produce microcephaly];[41]**

Evaluation: A number of viruses impact neurological development by triggering a cascade of cell death [apoptosis]. Research to determine whether Zika Virus can do the same is urgently needed before the conclusion is reached that it does, in fact, do so, especially given the very fragile relationship between suspected, reported and actual cases discussed above.

If Zika Virus is found to cause neurological or other damage, including GBS, , the demonstrated ability of Nano Silver 10 PPM to prevent the adherence of viruses to normal cell walls, prevent their

[35] Lyons-Weiler, J, Ibid.
[36] Kruger M et al. 2014. Detection of glyphosate residues in animals and humans. J Environ Anal Toxicol 4:210.
[37] Woodbine L et al., 2013 PRKDC mutations in a SCID patient with profound neurological abnormalities. Clin Invest 123(7):2969-80.
[38] Lyons-Weiler, J., Ibid
[39] Seneff S et al. 2015. Aluminum and glyphosate can synergistically induce pineal gland pathology: connection to gut dysbiosis and neurological disease. Agricultural Sciences 6:42-70.
[40] Hartzwell S and S Seneff. 2012. Impaired sulfate metabolism and epigenetics: is there a link in autism? Entropy 2012:1953-1977.
[41] Lyons-Weiler, J., Ibid.

penetration into the cell (thus preventing their ability to replicate so that no impact can be generated) is of paramount importance.[42]
The widespread use of Nano Silver 10 PPM in regions where Zika or other viral infection is likely is a profound public health measure which should be immediately implemented. Personal protection is an important strategy[43] as is government endorsement and support of this measure.

7. **Use of Paracetamol (Acetaminophen) to reduce fever in pregnancy and in newborns may predispose infants to neurological damage;[44]**

Evaluation: WHO/CDC recommend the use of paracetamol/acetaminophen to control vaccine-related fevers in newborns. This advice is strongly confounded by the poor neurological outcomes of babies treated in this way including increased rates of autism.[45]

In fact, the strong predominance of males in autistic populations suggests to some authors that the use of these agents following circumcision may account for that skew[46] which ranges from 3:1[47] to 4:1.[48]

8. **Horizontal transfer of piggyBAC transposon from released GMO mosquitos [Oxytech genetically modified female mosquitoes do survive and breed in the wild although their manufacturer claims they do not] may transfer characteristics to viruses and humans which predispose to unique neurological damage.** It is not known if their saliva introduced from these GMO insects which has been altered, and may be altering, DNA in the recipient transfers the piggyBAC transposon and if that altered and altering DNA might produce changes in the offspring mosquito, offspring human or non-gestating human];[49]

Evaluation: Oxytech released genetically modified *Aedes aegyptis OX513A* mosquitoes *in* Juazeiro, Bahia, Northeast Brazil, 717 km from the 2015 outbreak of Zika Virus and supposed microcephaly in Pernambuco, Brazil. These mosquitoes were designed to release only viable males (breeding, non-biting) producing larvae which could not survive to adulthood in the absence of tetracycline.

About 5% of the insects, however, survive to breed in aqueous environments. Further, about 5% survive without tetracycline and about 18% of the larvae, which are both male and female, survive in either the absence of tetracycline or its presence.[50] Tetracycline is present in many aqueous environments, including cesspools, latrines, waste ponds and more where mosquitoes breed. A very large proportion of ingested tetracycline is excreted in waste both by the animals in factory farming operations and by humans further enhancing the survival of this modified line of insects.[51]

[42] http://NSFMarketplace.com
[43] www.NSFMarketplace.com
[44] Lyone-Weiler, J., Ibid.
[45] Schultz ST et al. 2008. Acetaminophen (paracetamol) use, measles-mumps-rubella vaccination, and autistic disorder: the results of a parent survey. Autism. (3):293-307.
[46] Frisch M and J Simonsen 2015. Ritual circumcision and risk of autism spectrum disorder in 0- to 9-yearold boys: national cohort study in Denmark. J R Soc Med. 108(7):266-79.
[47] http://www.jaacap.com/article/S0890-8567%2812%2900411-X/pdf
[48] https://www.dnalc.org/view/1130-Autism-Gender-Ratio.html
[49] Lyone-Weiler, J. Ibid.
[50] Phuc HK et al., 2007. Late-acting dominant lethal genetic systems and mosquito control. BMC Biology 5:11.
[51] Borghi, AA and MSA Palma. 2014. Tetracycline: production, waste treatment and environmental impact

Although the genetics is quite complicated, the bottom line is not: the very mutation which produced the OX513A insects could be transmitted not only to us but also to the Zika Virus, changing its characteristics from a benign agent to one of unknown dangers.

Can this take place? Is it taking place? Has it already taken place? Who knows? The authors suggest the following: "Microcephalics should be examined for the presence of the piggyBAC transposon, as should their mothers.
Wild-caught Oxitec and non-Oxitec mosquitos should be examined as well and studied for presence of the piggyBAC survivability without tetracycline to rule out this possible survivability."[52]

9. **Zika Virus Infection Associated Guillan-Barre Syndrome (GBS) Immune mimicry of the Zika Virus affects the polio receptors leading to a disease identical with polio**

Evaluation: This powerful hypothesis gives additional support and credence to our hypothesis that polio is the old name, while GBS is the new name for the same condition: Polio. If that is accurate, then the importance of sound measures to protect the integrity of the nervous system is paramount pointing once again to the power of immune supports which prevent viruses from attaching, penetrating and replicating. The best of those agents, because of its easy availability, lack of toxicity and its effectiveness in small, easily taken servings, is Nano Silver 10 PPM.[53]

It is important to note that the authors point out the failure of a previous study looking at Zika Virus and GBS to examine the polio receptors.[54]

10. **Pre-natal vitamin folic acid toxicity in MTHFR mutation carriers [Folic acid, a synthetic form of folate, is particularly toxic to those carrying the MTHFR mutation.]** Folic acid is used as a food enrichment ingredient despite its potential toxicity to those carrying the gene mutation and others[55],[56],[57]. It is hypothesized that those with the MTHFR mutation should not receive either the TDaP or wP vaccines due to their unusual sensitivity to the impact of the gene, the folic acid toxicity and the direct toxicity to the nervous system of the fetus caused by the vaccines];[58]

Evaluation: Babies of parents with the MTHFR mutation have been shown to be at high risk for microcephaly and other neurological damage from folic acid[59], making the screening, and treatment with folate, not folic acid, imperative.[60] Although folic acid is inexpensive and therefore widely used for

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assessment Brazilian Journal of Pharmaceutical Science 50:25-40.

[52] Lyons-Weiler, J., Ibid

[53] www.NSFMarketplace.com

[54] Cao-Lormeau, V-M et al. 2016. Guillain-Barre Syndrome outbreak associated with Zika virus infection in French Polynesia: a case-control study. The Lancet (Online Feb 29, 2016) http://dx.doi.org/10.1016/S0140-6736(16)00562-6

[55] Verhoef P. Homocysteine metabolism and risk of myocardial infarction: Relation with vitamin B6, B12, and Folate. Am J Epidemiol 1996;143(9):845-859

[56] Bazzano LA, Reynolds K, Holder KN, He J. Effect of folic acid supplementation on risk of cardiovascular diseases: a meta-analysis of randomized controlled trials. JAMA. 2006;296(22):2720-2726

[57] Bell L. Is your breakfast giving you cancer? Research links too much folic acid to certain cancers. Prevention. March. 29, 2010. http://www.msnbc.msn.com/id/35874922/ns/health-diet_and_nutrition//

[58] Lyons-Weiler, J., Ibid.

[59] Carmel R. Folic Acid. In Modern Nutrition in Health and Disease, 10th ed. Lippincott Williams & Wilkins, Baltimore, 2006:470-481

[60] Balasubramaniam, S et al. 2013. A case of severe methylenetetrahydrofolate reductase deficiency presenting as neonatal encephalopathy, seizures, microcephaly and central hypoventilation. Journal of

purported "public health" programs, its many dangers are well-characterized and its use should be halted and replaced with folate.[61],[62]

Whether the microcephalic babies and their parents have this genetic vulnerability should be evaluated so that vaccine policies can be adjusted based on public screening or, as I recommend, abandoned altogether.

Interactions among any of the above. [Zika virus has *never* been shown to cross the placental barrier from mother to baby although there may be some factor, such as a toxin in the vaccines given to pregnant women in Brazil that breaks down the protective barrier].[63],[64]

So once we start thinking rationally and sanely, there is a great deal to ponder, to protect and to prevent. **And none of it involves a vaccine. *Ever.***

www.NSFmarketplace.com

Link to Dr. Rima's Ebook: Zika & The Great Culling
http://drrimatruthreports.com/dr-rima-the-zika-great-culling-ebook/

Pediatrics 11:135-140.

[61] Shils ME, Olson JA, Shike M. Modern Nutrition in Health and Disease, 9th ed. Williams & Wilkins, Balt., 1999

[62] Lucock M. Is folic acid the ultimate functional food component for disease prevention? BMJ, 2004;328:211-214

[63] Ibid.

[64] Cappuccio G et al., 2014. Pearls & oy-sters: familial epileptic encephalopathy due to methylenetetrahydrofolate reductase deficiency. Neurology. 2014 Jul 15;83(3):e41-4.