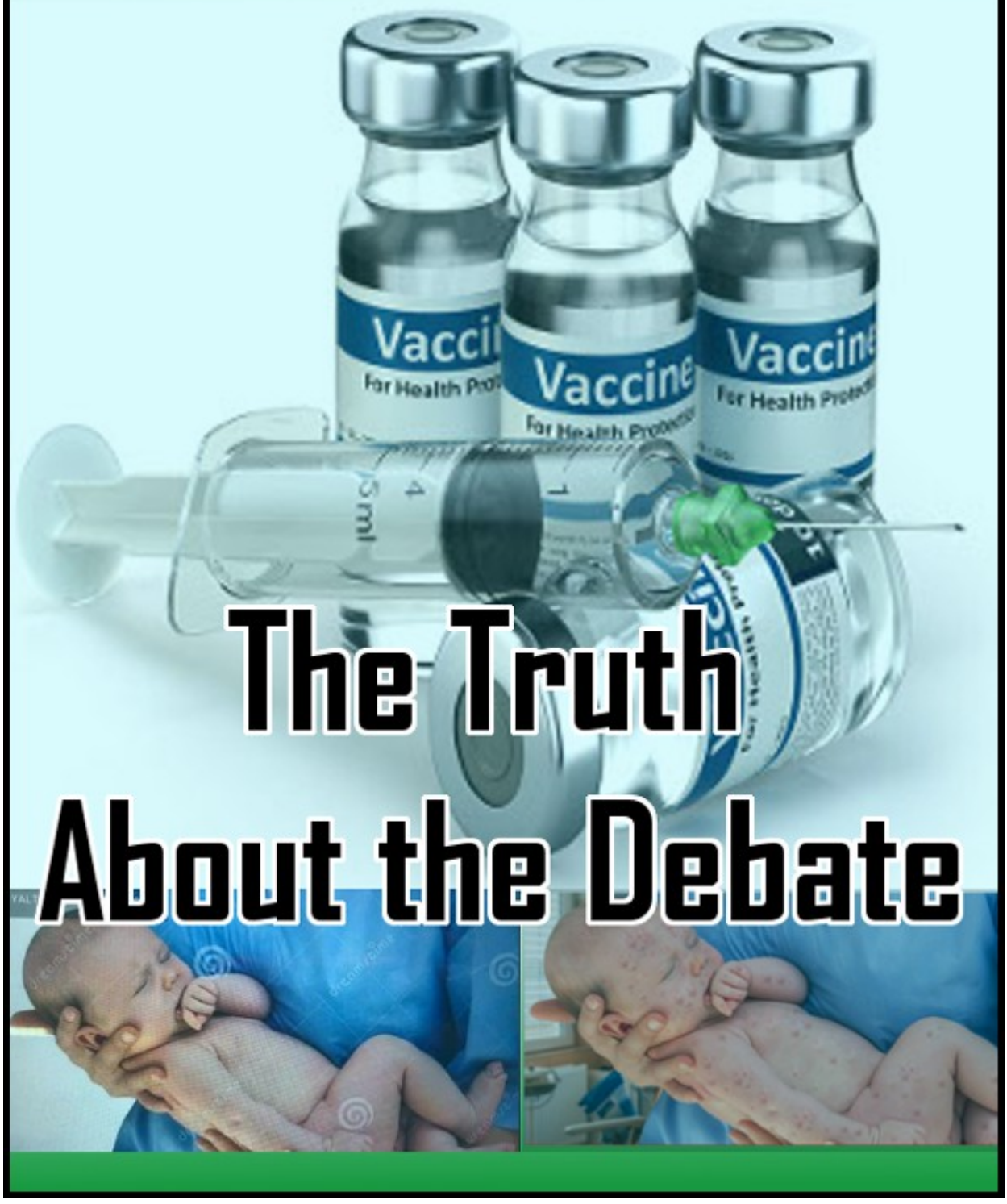
Vaccines

By Iain Davis



The Truth About the Debate

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Chapter 1

Often people labelled 'anti-vaxxers', who raise doubts over the safety of vaccines are vilified as 'tinfoil hat, looney conspiracy theorists,' dangers to society or even child abusers. There is a considerable amount MSM alarmism being churned out at the moment in a coordinated global effort to maximize public fears about the risks of low vaccine uptake. The pharmaceutical industry is the single largest source of MSM advertising revenue.

Stupid "anti-vaxxer" questions?

I'm knocking on a bit and remember, as a child, being sent to measles, chickenpox and mumps parties by my parents. Pretty much every parent knew it was important to expose their child to these diseases. Having contracted all three, the experience was not pleasant but it was simply a normal part of growing up.

As a result, I have acquired some degree of natural immunity to these diseases. That immunity may have waned slightly, but in all likelihood I'm fine. My own

daughter had both chicken pox and measles a few years ago and I am thankful that she too has some natural immunity as a result. Neither I nor her mum, who also had these childhood illnesses, had any symptoms at all, despite providing the physical care she required.

Like most so called 'anti-vaxxers' I am not refuting the potential benefits of all vaccines, nor denying the existence of evidence which suggests they are a useful component of effective public health practice. All I am saying is that there is also evidence to question vaccines and, in particular, to doubt they are the panacea for disease and the spread of infection, as claimed.

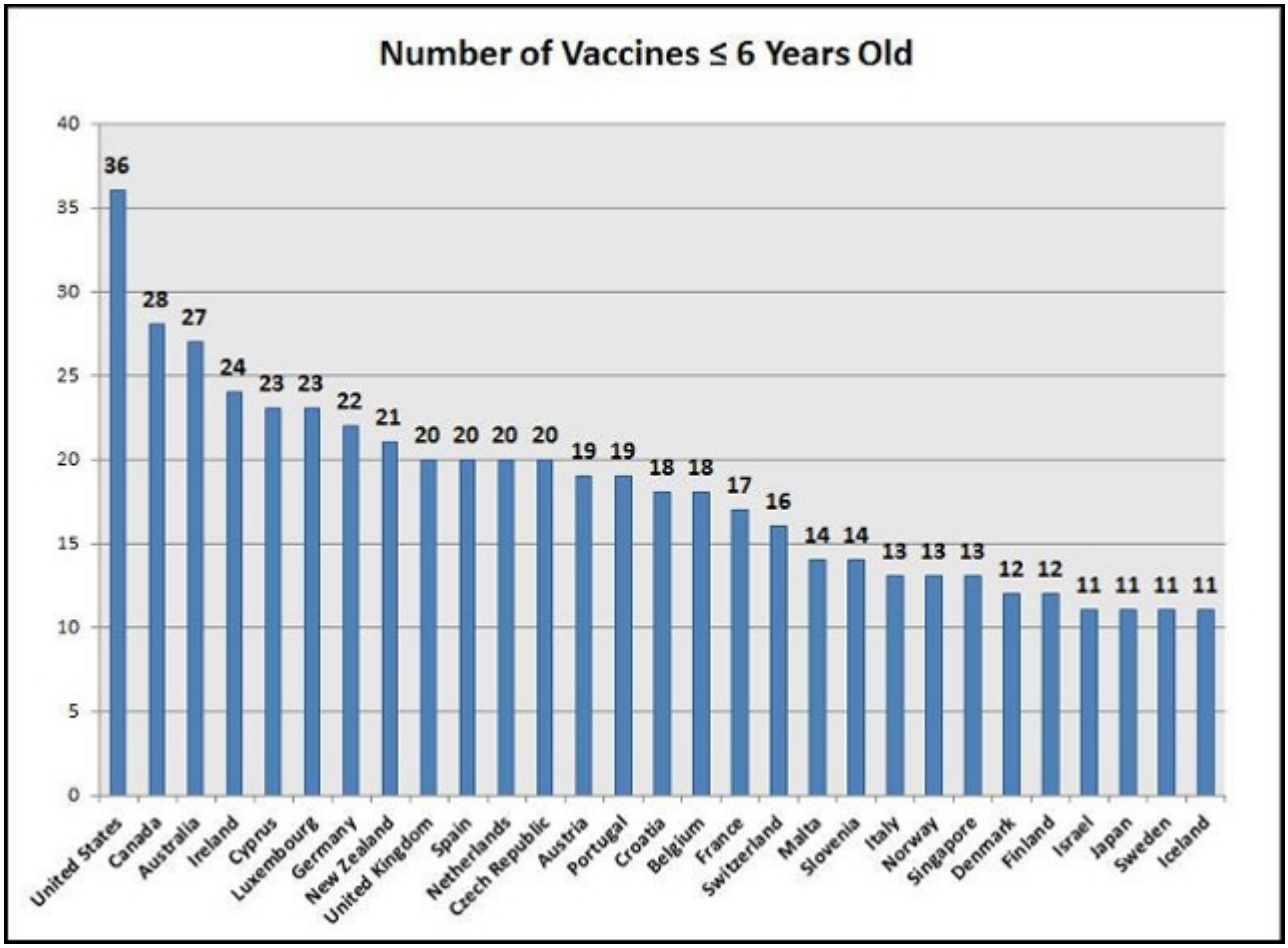
The MSM and the state have created a febrile environment within which it is impossible to have a reasonable debate about these issues. We should be able to openly and freely discuss the evidence but that opportunity is being crushed as we become increasingly polarized amidst spurious claims of *'anti-vaxxers'* killing babies. Instead of calling for calm reflection, it appears the state intends to roll out mass censorship and force people to be vaccinated against their will.

Even if you believe vaccine uptake is essential, only the most dimwitted can deny the inherent dangers of such policies. It is all very well you insisting that *'me and mine'* be forced to undergo medical procedures today, but you should also acknowledge that you are committing yourself to the same state enforcement. Should the state, at some time in the future, decide to inject you or your child with something you don't want them to, your protestations will come too late.

No amount of shouting at me and calling me a *'baby killer'* will make a jot of difference. I love my family, wish no one harm, especially my children, have worked all my life to support people in need and won't be lectured by a bunch of self-righteous bigots whose opinions appear to be entirely ignorant of the counter argument. In my experience anyone who is certain and *'knows'* the truth invariably doesn't and their certainty is worthless.

In fact, rather than in MSM created mythology, most who question vaccines don't reject all vaccines out of hand. Rather they question the need for their rapidly increasing number and suggest we should be cautious. Whether you like it or not, the financial drivers for injecting more babies with more vaccines are immense. As far as I am aware, there is no corresponding increase in the number

of diseases. Far from it.



So Israel, Japan, Sweden & Iceland must be disease infested hell holes then?

Other concerns raised by *'anti-vaxxers'* include the untested safety of vaccines and in particular the health impacts of the heavy metal and other adjuvants added to many. Other worries relate to apparently poor licensing and scientific research standards, frequent examples of scientific fraud, examples of regulatory corruption, obfuscation of evidence and more.

This argument that 'anti vaxers' refuse to accept science is based upon the notion that there is no scientific or empirical evidence bringing vaccines into question. This is a wholly inaccurate claim. Over this post, and the next three, we will look at just a small sample of that evidence.

While there are many papers which attest to the safety and efficacy of vaccines there are also a significant number of peer reviewed papers which cast doubt. Most of the vaccine supporting papers are based upon research funded by the same pharmaceutical giants, such as Merck, who manufacture and sell vaccines

for huge profits. A situation not dissimilar to the one which persisted for many years with the tobacco industry's funding of scientific research which consistently *'proved'* smoking was harmless.

In 2018 the global Vaccine market was conservatively estimated to be worth $33.7 billion annually. Providing governments force more people to be vaccinated, revenue is planned to soar to an estimated $77.1 billion per annum by 2024. If this enforcement is extended to all adults, which seem inevitable unless we stop it, then those revenues will be measured in the trillions. Largely at the expense of tax payers. Seamlessly transferring wealth from the population to the major shareholders of multinational corporations. Again.

Many people simply cannot believe that the *'men & women in white coats'* would ever knowingly do anything to harm them. This is a naive faith. Unfortunately, it is the *'men & women in gray suits'* who run the show and their only concern is profit. While vaccine profits are relatively low at the moment, compared to prescription drug sales, they are still very healthy and the potential growth is significant.

It is worth noting that the corporations investing billions into vaccine R&D, who are actively lobbying government around the world to promote their products, have an awful lot to lose but far more the gain. The *'anti-vaxxers,'* who question vaccines, do so because they are concerned for their own, their family's and their fellow human beings health. They have no financial incentive at all.

You need to be a special kind of gullible to imagine that Big Pharma's funding and lobbying power doesn't shape the alleged balance of scientific *'proof'* cited by

those who are certain all vaccines are fantastic. It appears that any research which questions the safety of vaccines is either stopped in its infancy or fails to secure any long term funding.

This skewing of scientific research is only likely to get worse. Here in the UK, the government recently released their Online Harms White Paper in which they purport to have concerns about, what they call, vaccine *'disinformation.'*

They say these claimed falsehoods lead to a reduced uptake in vaccinations with alleged impacts upon public health. In order to combat this *'disinformation,'* they intend to censor the sharing of 'anti-vaxxer lies.' They propose to work with UK Research and Innovation (UKRI,) who are a governmental organisation, to *'improve'* the scientific evidence base. There is nothing *'independent'* about UKRI. The state is going to determine what constitutes *'evidence'* and will use the scientific research it cherry-picks to justify whatever policy it chooses.

This is deeply concerning because the science and empirical evidence which informs doubt about the efficacy of vaccines, raising concerns about their potential to cause significant harm, is quite clear. We will explore this in more depth in Part 2.

To call this *'disinformation'* is grossly misleading. What it shows is that the evidence for compulsory vaccination is debatable. For the state to pretend otherwise certainly warrants further investigation. *'Follow the money'* would seem a reasonable starting point.

However, for now, let's look at the common narratives surrounding vaccines. Why don't we consider if what we are told to believe is actually based upon evidence?

Reason for Scepticism Regarding Some Common Vaccine Narratives

Smallpox

One of the most common argument for the efficacy of vaccines is that, without them, diseases like Smallpox would never have been eradicated. This appears to be based upon a number of false assumptions and is not backed up by evidence.

The concept of variolisation, first used by physicians in India and China, introduced a limited infection to prompt the body's immune system to build resistance against subsequent, perhaps more severe, infection. This was widely adopted in the West during the 18th century and led to the development of the Smallpox vaccine, the first ever, in 1796 by Edward Jenner.

The state was concerned that Smallpox was killing military personnel before they had an opportunity to be killed in battle. Convinced by *'the science'* the UK government passed a number of compulsory vaccination laws, including the despised 1867 Vaccination Act.

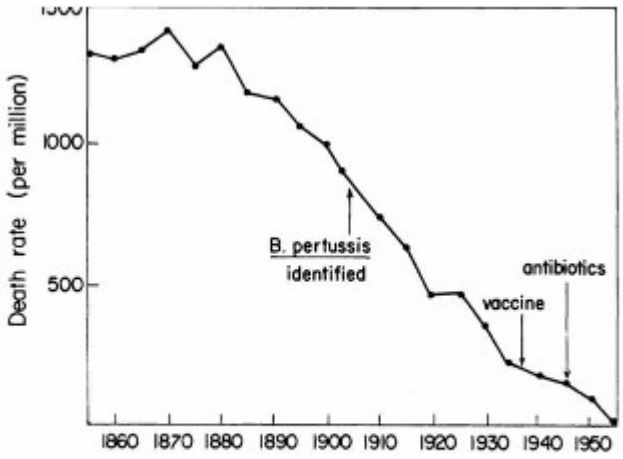


Figure 4. Mean annual death rate from whooping cough in children under 15 years of age, England and Wales.

The UK town of Leicester had some geographical disadvantages which led to unusually poor sanitation and relatively high rates of smallpox. It fared no worse than many other larger conurbations and slightly better than most inner cities, but smallpox was a terrifying disease for the people of Leicester in the early 19th century. Much as it was for the rest of the UK. However, Leicester did not fare at all well from compulsory smallpox vaccination. Neither did other towns and cities but, unlike the majority, Leicester resisted.

Following enforcement, which began in 1853, by 1867 94% of all children born in Leicester were vaccinated. Nearly universal vaccination coverage coincided with a huge increase in smallpox among infants. By 1873 the smallpox death rate in

Leicester had soared to 3,673 per million. The people of Leicester resisted and disorder erupted as the citizens fought with the authorities to oppose a law, and medical practice, which appeared to be killing their children.

The government was forced to back down and, by 1897, infant vaccination rates in Leicester had dropped to just 1.3%. Following their refusal to abide by the law, and active resistance against compulsory vaccination, the death rate dropped to just 1/30th of that endured during the vaccinated period. By 1894 it stood at 115 per million and it stood at 136 in 1 million in 1902. Elsewhere, in the vaccinated regions of the UK like Sheffield, the death rate remained appalling. Following a national outbreak in 1903/04 the death rate in vaccinated London was 300% higher than in vaccine free Leicester.

While we should acknowledge that science has progressed considerably since 1902, Leicester demonstrates the inherent danger of compulsory vaccination policy where the science and empirical evidence are poorly understood. It appears that current policy makers' grasp of vaccine science is no better informed than those of the 19th century. That they apparently believe there is no evidence to question vaccine efficacy and safety, illustrates the fact.

What was also notable about events in Leicester was the development of a public health technique which came to be known as the Leicester method. The method dictates the rapid diagnosis of cases, followed by swift quarantine and isolation of infected patients, thorough disinfection of infected areas, restricted access to those areas and the use of strict barrier nursing protocols. It proved extremely successful and has been adopted globally as the proper response to the outbreak of disease. Its impact upon death rates should not be overlooked. Yet, by claiming Smallpox was eradicated by vaccines, that is precisely what inoculation acolytes are doing.

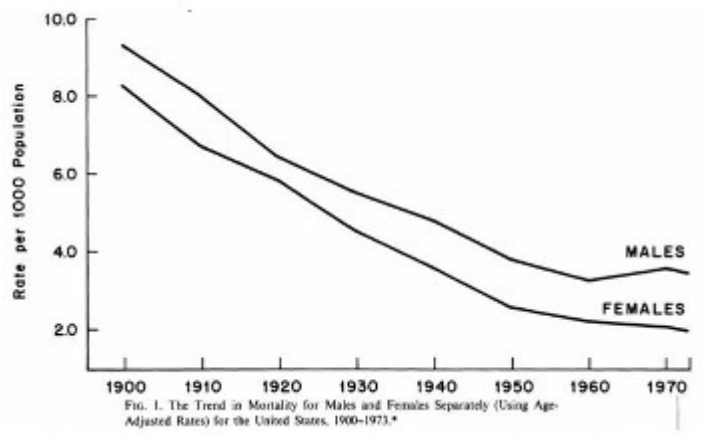


FIG. 1. The Trend in Mortality for Males and Females Separately (Using Age-Adjusted Rates) for the United States, 1900–1973.*

The decrease in Smallpox death rates across the world preceded the widespread use of vaccinations. Between 1900 and 1970 mortality rates from disease dropped by 74% worldwide. Smallpox has been almost entirely eradicated since. Disease related death rates in general have also greatly reduced. Proponents of vaccines claim this is because of inoculation. The evidence does not support that view. In reality, it shows that vaccination played only a small, even negligible, part in the story.

A 1977 study by the Boston Department of Sociology looked at the reasons for the huge improvements in U.S public health that occurred during the early to mid 20th century. More than 90% of the improvement came prior to 1950, before the common use of vaccines.

Improvements in sanitation, water security, diet, income and deployment of the Leicester Method, were found to be by far the most significant factors. The study estimated that between just 1% and 3.5% of the improvements could be directly attributed to all medical interventions, of which vaccination was but one facet.

This finding was further supported by numerous studies including a 2000 study by John Hopkins University Center for Disease Control (CDC) which stated:

"....vaccination does not account for the impressive declines in mortality seen in the first half of the century...nearly 90% of the decline in infectious disease mortality among US children occurred before 1940, when few antibiotics or vaccines were available."

Figure 5. Mean annual death rate from measles in children under 15 years of age, England and Wales.

In 1980 the World Health Organisation declared that vaccines had rid the world of Smallpox. However, the empirical evidence clearly shows that Smallpox was well on the way towards eradication before vaccination programs were widely established. Had they not been, there is no reason to assume eradication would not have been achieved. Furthermore, as pointed out in 2013 by scientists at the National Institute of Allergy and Infectious Diseases smallpox disappeared long before the advent of modern molecular techniques. This means, to this day, there is no clear understanding of smallpox pathology:

"In summary, many important questions about naturally occurring smallpox remain unanswered. Some facets of smallpox pathogenesis, such as the natural route of infection, the site of primary viral replication and the role of concurrent bacterial infections, have been discussed in the literature for over 100 years, yet definitive answers are still lacking……In addition, our understanding of the systemic pathology of human smallpox is severely limited."

There is no scientific proof that vaccines eradicated smallpox. In fact, the empirical evidence suggests this was unlikely. To put it bluntly, the WHO claim is unsubstantiated gibberish.

Polio

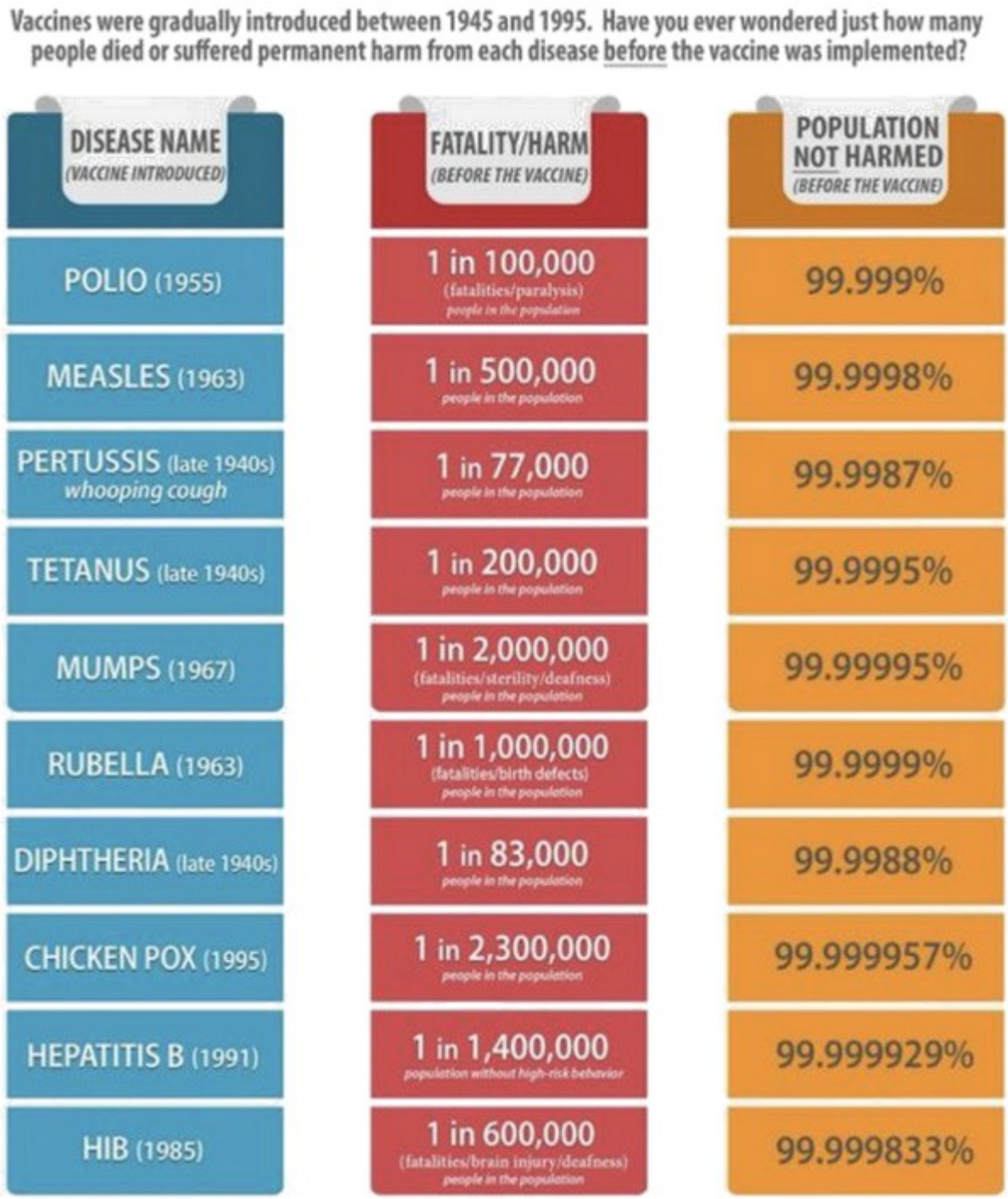
In 2017 the Bill and Melinda Gates Foundation confidently announced, thanks to vaccines, Polio would soon be defeated. This extravagant claim resulted from the

work of the Global Polio Eradication Initiative (GPEI). The GPEI was formed of five international organisations. The World Health Organization (WHO), Rotary International, the US Center for Disease Control and Prevention (CDC), the United Nations Children's Fund (UNICEF) and the Bill & Melinda Gates Foundation.

The Poliovirus is an infection of the gastrointestinal tract and was one of the most feared diseases of the 19th and 20th century due to the widely held perception of a high risk of childhood paralysis. The additional risk of respiratory paralysis and death was also considered to be high.

While disability caused by disease is a terrifying prospect, like most whipped up, vaccine related alarmism, the level of fear was totally disproportionate the actual risk. The worst U.S Poliomyelitis year was in 1952 when 3,000 people died. The same year 34,000 people died from Tuberculosis and 36,088 were killed, and more than 100,000 permanently disabled, on the roads. While the U.S state funded its National Foundation for Infantile Paralysis (the NFIP,) touring the country with its *'March of Dimes'* to raise Poliovirus awareness and cash, it did precisely nothing to tackle housing inequality or improve road safety. While the people were petrified of Polio they were practically oblivious to much greater threats of living in overcrowded shacks or crossing the road.

A similar situation exists today with the fear of diseases, such as measles, far outweighing the actual risk. Deaths from measles in the UK consistently plummeted from a peak of 1145 in 1941 to just 51 in 1968. This was due to remarkable improvements in public health during the post war period. The measles vaccine was licensed in 1968 and the MMR vaccine in 1988. The notifications of infection rates continued to fluctuate but the general decline in mortality and reported cases, continued. More than 95% of the decline in UK measles infection and death rates occurred before vaccines were available in the UK.



So it is unfathomable why the Wikipedia page for the measles vaccine makes the following, totally evidence free claim:

"Before the widespread use of the vaccine, measles was so common that infection was considered as inevitable as death and taxes."

Clearly inferring that it was the vaccine that reduced measles outbreaks. This

statement is 95% inaccurate (for the UK) and can therefore be legitimately considered *'disinformation.'* However, in the UK, the state has decided that pointing out this fact is the *'disinformation'* it intends to outlaw.

The widely despised Dr Andrew Wakefield has been blamed for causing the reduction in uptake of the MMR vaccine, thereby *'killing the children.'* I discuss his case in more detail here. However, when we look at MMR coverage in the UK it is notable that, while Wakefield's published research broadly coincided with a reduction in child MMR uptake, from more than 90% on 1998 to a low of 79% in 2003, infection and death rates continued to decline. The reduction in vaccine uptake, according to Public Health England's statistics, had absolutely no effect whatsoever.

With regards to the Poliovirus it is this potentially unjustified fear of lower vaccine uptake which prompts those who believe in herd immunity to frequently accuse alleged *'anti-vaxxers'* of pushing children into iron lungs. They insist that Polio vaccinations must achieve *'herd immunity'* of 95% to save the children. Anyone who suggests any possible doubt is therefore accused of child abuse.

The Poliovirus results in paralysis for less than 1% of those infected. Of these most will recover eventually. More than 90% of infected people experience polio as a fever with stomach upset. The vast majority of people who have ever contracted the Poliovirus never knew it. In a very small number of cases Poliomyelitis develops which can cause permanent paralysis and is potentially fatal. It certainly is a disease we should be glad to see the back of.

However, this means that 99% of people naturally infected with Poliovirus will both recover and thereafter have lifelong immunity. Which is 4% higher that the suggested 95% *'herd immunity'* demanded by vaccine *'experts.'*

As part of the GEIP, the Bill and Melinda Gates Foundation was particularly active in India, promoting Polio and other vaccines to poorer, rural communities in particular. They were delighted to announce that their vaccination program had finally eradicated Polio from India in 2013. The MSM fell over themselves to tell the world about the wonder of vaccines.

However, the Indians weren't so impressed. While the last reported case of Polio was recorded in 2012, a new, far more deadly form of Poliomyelitis had emerged instead. Writing in the peer reviewed Indian Journal of Medical Ethics (IJME) researchers stated:

"While India has been polio-free for a year, there has been a huge increase in non-polio acute flaccid paralysis (NPAFP). In 2011, there were an extra 47,500 new cases of NPAFP. Clinically indistinguishable from polio paralysis but twice as deadly, the incidence of NPAFP was directly proportional to doses of oral polio received."

Not such a resounding success then. The other slight problem is that it is impossible to eradicate Polio. Something the scientific community has known since 2002. The Poliovirus genome is well known and can be synthesised *in vitro*. Meaning it can never be considered extinct. Polio vaccination will have to continue forever, with no end in sight.

The other niggle with the miracle vaccine is that it mutates creating new 'Vaccine Derived Polioviruses (VDPV's).' While the GEIP were keen to stress that VDPV outbreaks were rare, with only 20 recorded in 2011, and could be controlled by,

you guessed it, more Polio vaccine, the actual data told a different story.

Not only is NPAFP far more deadly than its naturally occurring Polio predecessor, the total residual paralysis and death rate is 43.7%. Which is 43.7 times worse than the Polio Bill and Melinda saved everyone from.

The WHO have categorically stated that the peer reviewed findings of the IJME are flawed. They say that although NPAFP is identical to Poliomyelitis, just more deadly, and despite the fact that the data showing its emergence was recorded during the trials run by GEIP, it is not Polio because Polio has been eradicated. However, the WHO are a contributing member of the GEIP. Make of that what you will.

Obviously it would be good to know more about this new, presumably man made virus. Unfortunately, having spent nearly $2.5 billion on GEIP's rescue mission, India couldn't justify throwing anymore of their already overstretched resources at it. As for the GEIP, they simply couldn't be bothered either to report or investigate the data. Search the GEIP website for any mention of NPAFP and there isn't one. It is like it never happened and you certainly won't have heard anything about it from the Western MSM.

Maybe the Merck, Pfizer and Johnson & Johnson major shareholder Bill Gates really does want to save the children. However, he's a shrewd business man who also knows a good opportunity when he sees one.

Speaking to CNBC in January 2019, the B&MG Foundation head reported that he had invested *"a bit more than £10 billion,"* into vaccination programs, adding *"we feel there has been a 20 to 1 return."* Yielding a $200 billion return from an initial $10 billion investment is good going. Fantastic news for his tax exempt foundation. Not so good for the people of India.

So perhaps he was happy to walk away with the cash when the Indian government made his foundation distinctly unwelcome after it was embroiled with Merck in illegal vaccine trials on unsuspecting Indian children. Killing 7 in total.

Herd Immunity – Another Pro Vaccine Canard

One of the most common reasons given for castigating any who refuses to vaccinate either themselves or their children is that they are undermining herd immunity, ruining the *'herd effect.'* The idea being, when a critical mass within a herd develop natural immunity to a disease, the chances of those with poorer natural immunity succumbing to illness is greatly reduced.

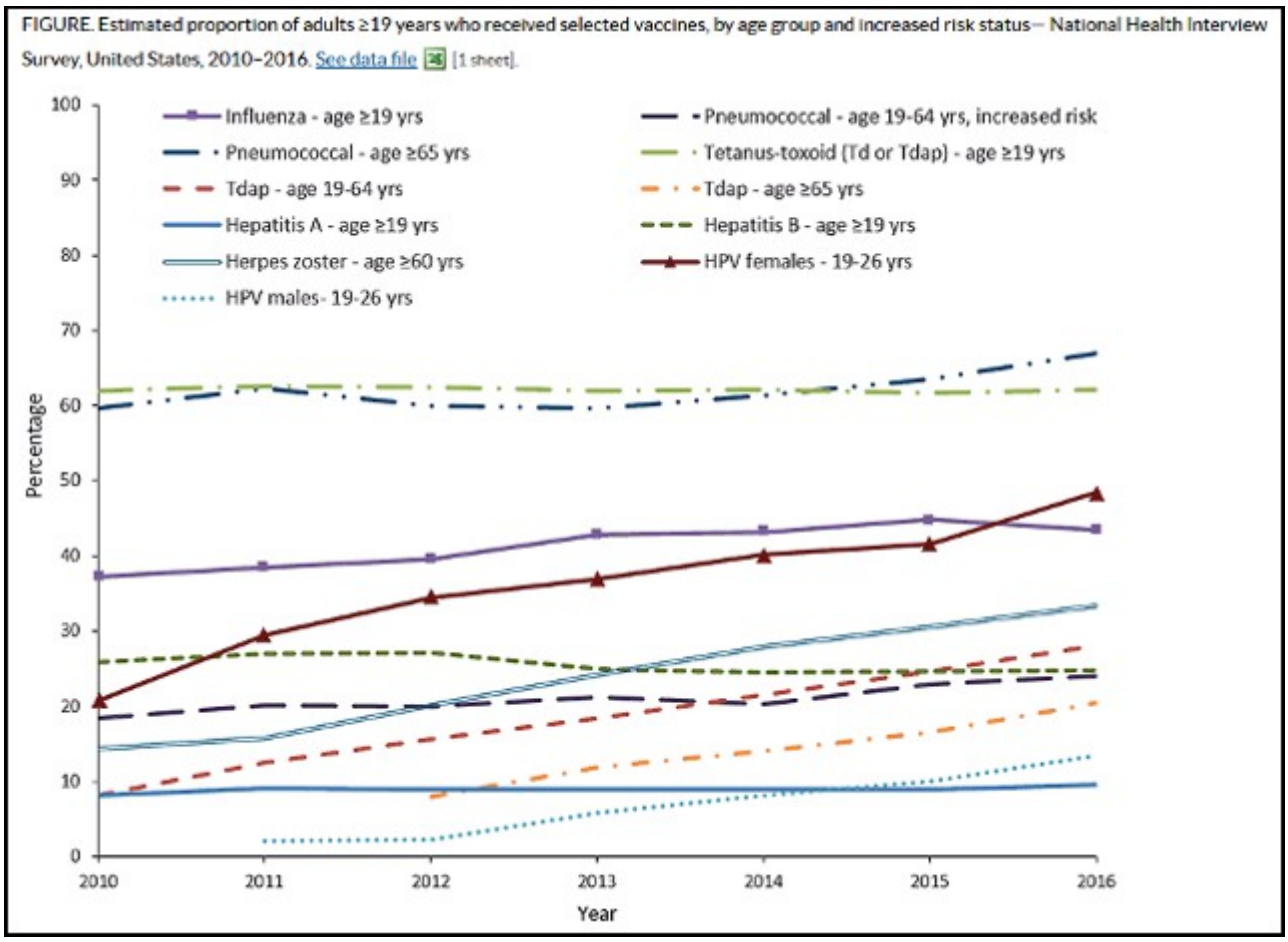
Therefore the state, and its MSM propaganda machine, are constantly claiming that vaccine rates of 95% must be achieved in order to maintain *'herd immunity.'* Achieving this figure is also the basis for the projected profit growth. Venture capitalists the world over are cuing up for a slice of the pie.

Those who apparently believe everything they are told by the state, the vaccine manufacturers and the MSM about vaccines, consequently accuse people who oppose some vaccines of killing children. Irrespective of their clear predisposition to hysteria, these *'pro vaccine zealots*' are deluded for another, far more important reason.

As with any good science there is considerable doubt about herd immunity. Even a casual glance at basic statistical data raises some obvious questions, especially in relation to claims that vaccines can achieve the herd effect.

One of the *'anti-vaxxers'* concerns is that there doesn't appear to be any need for many of the newer vaccines, and certainly no empirical evidence at all to suggest vaccines coverage has ever come close to the allegedly required 95%. There is no data even to suggest what supposed vaccine herd immunity might look like, because it has never been achieved.

Simply look at the CDC's own 2016 data for overall U.S population vaccination coverage. As the most vaccinated country on Earth, these statistics evidence the highest percentage of vaccine coverage anywhere.

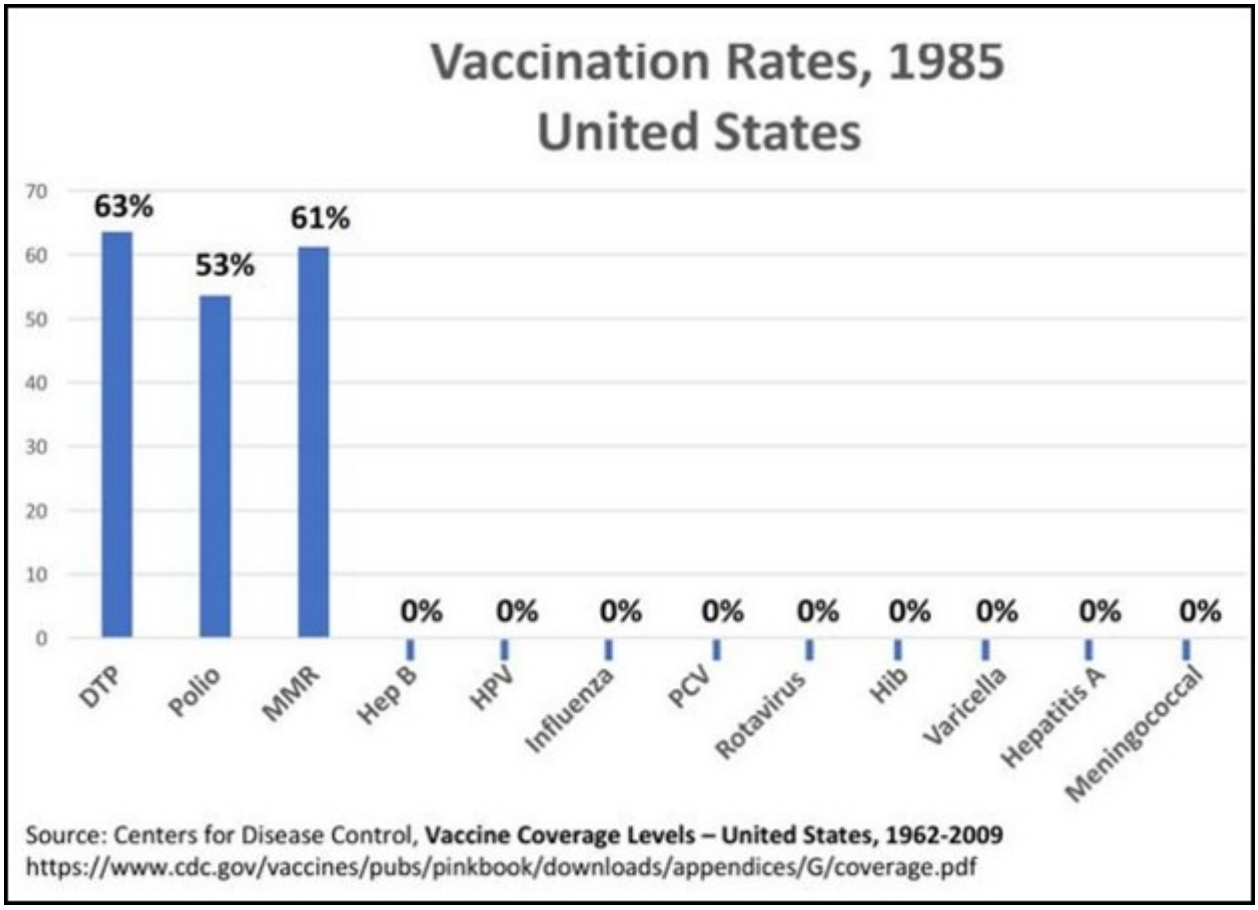


Only the Tetanus and HepB vaccines have managed to eclipse 60% coverage, with most vaccines at or below 40%. There is no empirical data evidencing the vaccine related herd effect. All the claims of anti vaxxers killing children are based on nothing but speculative hypothesis. From a very basic, logical standpoint, these obscene allegations are total nonsense. They are founded entirely upon conjecture.

In 1985 vaccine coverage in the U.S only related to a few diseases. The majority of the numerous vaccines, which currently comprise the U.S vaccine schedule, didn't exist. If achieving vaccine herd immunity is essential to protect against these diseases then we should have seen some epidemic outbreaks for the universally unvaccinated at the time. However, we didn't.

Not only is vaccine herd immunity an unproven hypothesis, claims about the herd effect relate to the development of natural immunity. Even if the hypothesis is correct, which is doubtful, there is absolutely no evidence that herd immunity would or should apply to the artificial immunity supposedly induced by vaccines.

Natural immunity against disease, acquired through natural infection, is more or less lifelong. Claimed vaccine derived immunity is generally far more short lived, hence the need for your *'booster.'*



In additions viruses have their own life-cycle, and further variation occurs via different strains. The idea that you can pick one particular strain, vaccinate against it and assume immunity for whatever the pathogen mutates into is complete tosh. Seeing as the evidence shows that some vaccination can effectively stimulate viral mutation, VDPV's for example, the vaccinated won't be protected either. Acting merely as incubators for new, potentially more lethal strains, like NPAFP.

Another major problem with the hypothesis is that human beings are biologically and sociologically unique. The idea that all are equally susceptible to infection is rubbish, as is the suggestion that our individual behavior patterns carry equal risks of spreading infection. Characteristics such as ethnicity, age & gender, behaviour, and even our stress levels, all have an impact on our varying risk both of contracting and spreading infectious diseases.

The whole point of the MMR parties I was forced to attend as a child was that everyone knew a child's developing immune systems was able to adapt to infection and produce immunity that would protect that individual for life. Artificially stimulated immunity in the young stops that natural adaptive process. Thereby pushing the time of first infection towards adolescence and adulthood when the natural immune system is far less flexible. Consequently, some studies show that widespread vaccination of children increases the chances of more dangerous pathogens emerging.

In 2015 mathematicians at Rutgers University analysed the pre and post vaccine era public health data and came to a rather concerning conclusion.

"Our calculations show that negative outcomes are 4.5 times worse for measles, 2.2 times worse for chickenpox, and 5.8 times worse for rubella than would be expected in a pre-vaccine era in which the average age at infection would have been lower."

Vaccines Are Not All Equal

Vaccines come in a variety of forms. Live Attenuated Vaccines contain live viruses, Inactive Vaccines are synthesized from dead pathogens, Subunit, Recombinant, Polysaccharide, and Conjugate Vaccines target specific elements of a live pathogen and Toxoid Vaccines are extracted from pathogenic toxins. With more planned vaccine types in the pipeline, including GMO variants, vaccines are not all alike. Neither are virus strains.

The MSM have spent years trying to convince you that you must be either one of the sensible people, believing that all vaccines are great, or a dangerous *'anti-vaxxer'* lunatic, who must believes all vaccines are lethal. The polarisation and preposterous oversimplification of this debate is dangerous rhetoric which appears to serve but one purpose. To make the debate itself virtually impossible.

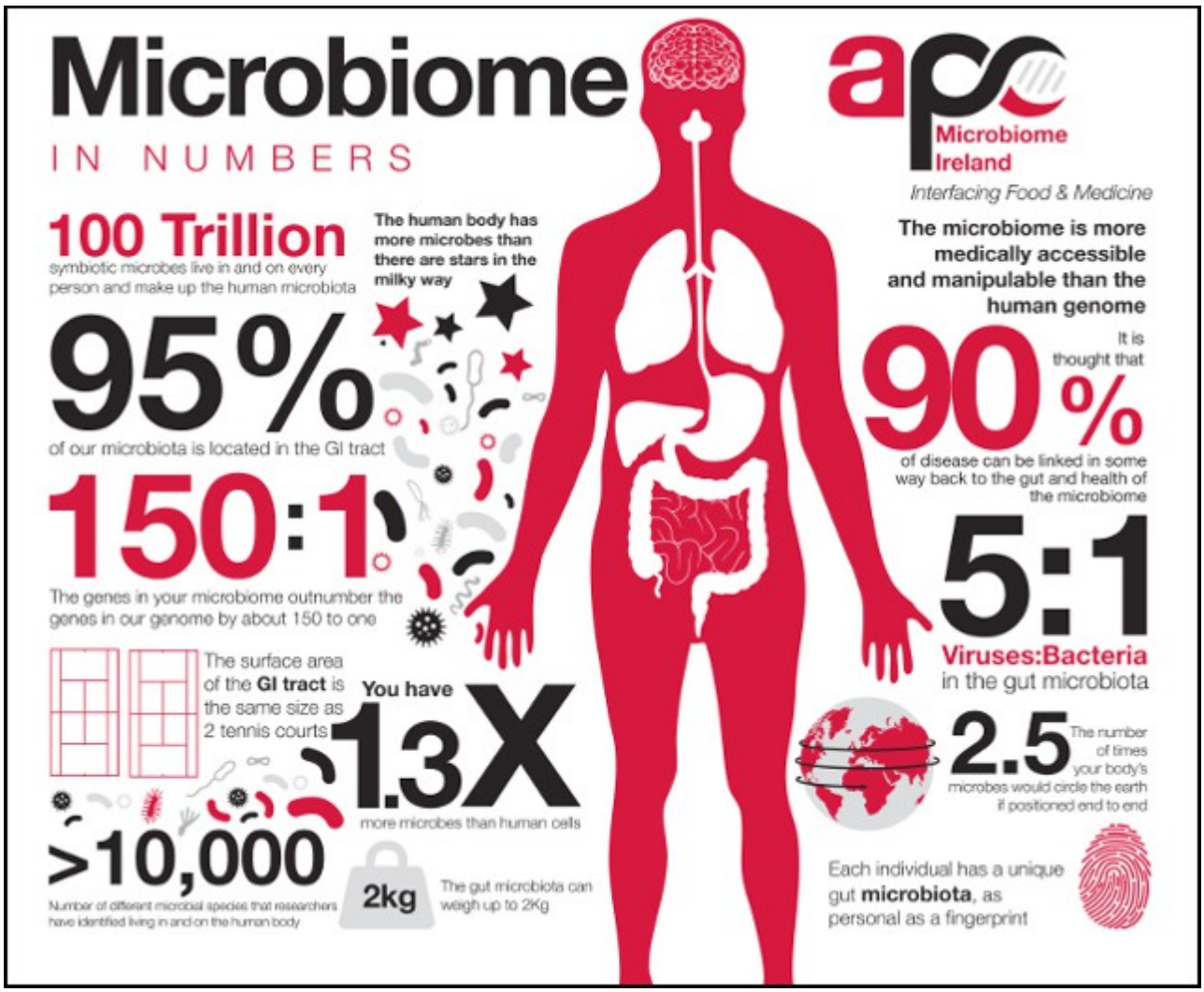
To question vaccines is not to claim all vaccines are dangerous, let alone lethal. To think all vaccines are equal is not rational.

When anyone is vaccinated they will hopefully develop immunity against the

targeted disease. If they receive a Live Attenuated vaccine, such as MMR, the Nasal Flu vaccine or the Oral Polio vaccine, there is clear, peer reviewed science that, while they may not experience the symptoms, they could well be infectious to others. This is referred to as *'shedding.'*

Viruses require a host to replicate. As they do, they shed into the blood stream of the host organism. In the natural world this isn't necessarily a bad thing. Large complex organisms, such as human beings, have shared the planet with their little viral siblings for millions of years. There is evidence that acquiring viral infections is an essential component of developing a healthy immune system.

Further evidence indicates that we have evolved in concert with millions of viruses, fungi, bacteria, and all manner of potential nasties, in what is called the *'microbiome.'* This living environment, inside all of us, is unique to every individual. This is why some people are immune from one disease yet susceptible to another. It is also another reason to doubt the notion of herd immunity. We should think twice before artificially interfering with this process and should also question anyone who claims people should be forcibly vaccinated for the good of the herd.



During that process of shedding, which varies between a few days to a few months, the vaccinated are infectious. They are carriers and 'spread' the virus.

For a variety of medical reasons, a percentage of the population are either immuno-suppressed or resistant to vaccination. If compulsory vaccination is forced upon us, there is a distinct possibility the mass population would shed potentially more lethal strains of a virus, thereby presenting a far greater risk, not only to the vulnerable, but to themselves and everyone else.

It gets worse (possibly.) Repeated vaccination, over time, frequently reduces immunity, potentially leaving the vaccinated unable to resist naturally occurring viruses in later life. We could see a significant decrease in average lifespan.

Prior to widespread vaccination the population possessed inbuilt natural immunity and generally had healthy microbiomes. The evidence clearly shows that the significant advancements in public health were achieved through better

standards of sanitation and other essential infrastructure developments. It was not due to vaccines, which actually played a relatively minor role. If vaccines were the savior then, certainly in the post war period until the 1970's, we should have seen far more epidemics and the massive reduction in infection rates should not have occurred.

None of this means vaccines don't work. For example there are a many peer reviewed, scientific papers which demonstrate how vaccination could have reduced the impact of the Poliovirus.

However there is solid justification for some scepticism. Questions definitely need to be answered before we start throwing people in prison for expressing reasonable doubt. For the pro vaccine majority to ignore these questions, without ever considering them, simply because they have been convinced by the MSM and vaccine manufacturer funded research, is to deny scientific debate.

Unquestioned science is not science. It's belief.

My own confirmation bias leads me to be highly sceptical of any scientific research which is funded by corporations with a vested financial interest in the outcome. I could be wrong, but that is my opinion. Therefore, for me, many of the papers *'proving'* that various vaccines are perfectly safe can be discarded as untrustworthy. Personally, I only find research compelling if it is genuinely independent and based upon measurable, empirical data. Modelling and projections are far less convincing in my view.

In Part 2 we'll look in more detail at the peer reviewed science which does bring vaccine safety into question.

Chapter 2

I am not suggesting that all vaccines are useless, nor potentially dangerous. Vaccines come in a variety of forms and human susceptibility, both to contracting and spreading infection, is unique to the individual. As are our immune system's responses to inoculation. Contracting viruses naturally is a vital component for the healthy development of our individual immune systems. At a very basic level, some scepticism regarding the potential risks of interfering with this natural process is warranted.

Da Twitterati

Having received some feedback on Part 1 from the Twitterati, the problem we face in establishing any kind of reasonable dialogue about vaccines was painfully

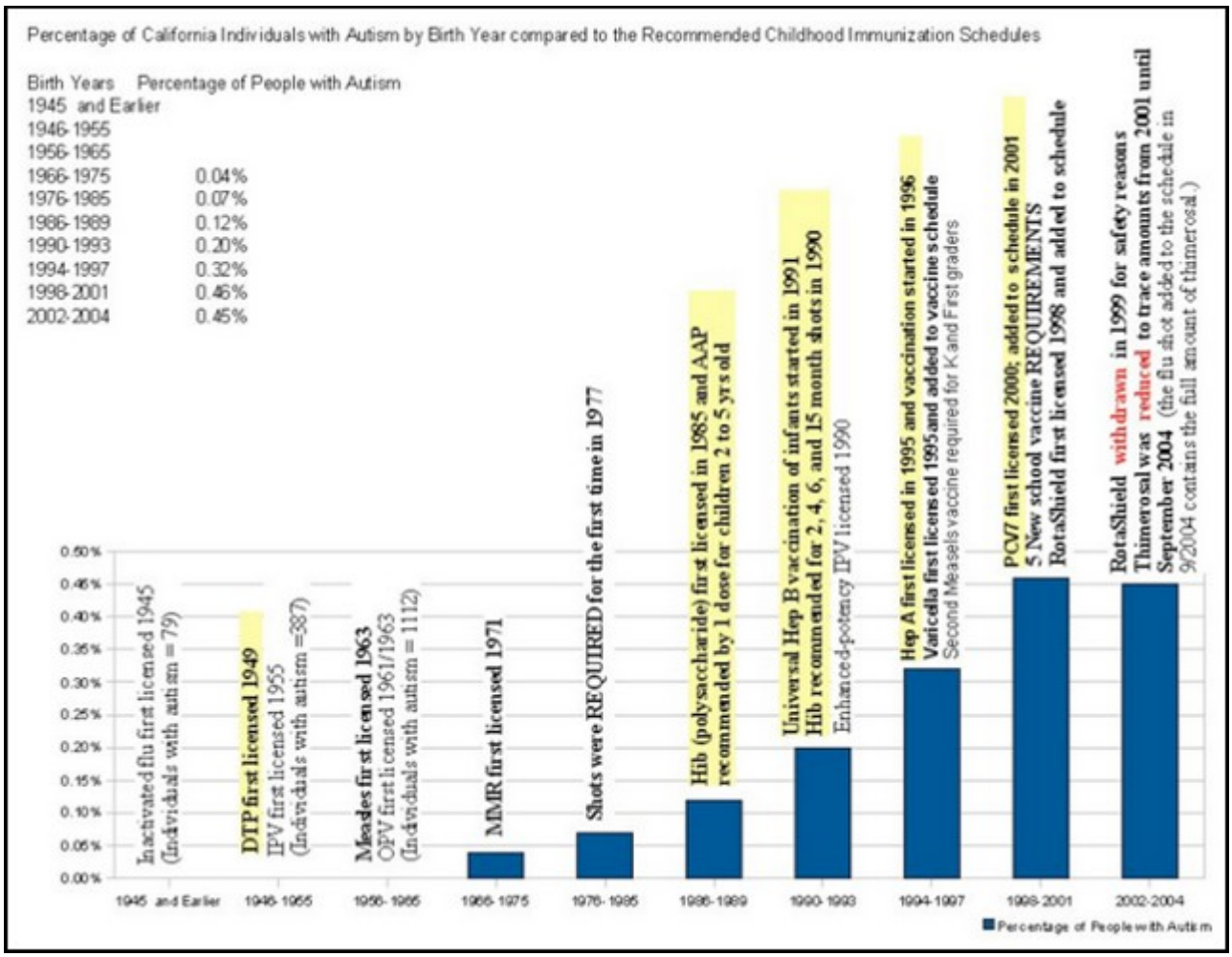
apparent. I wrote Part 1, partly out of my own interest, but also to respond in full to those who, contrary to my understanding, insisted there was no empirical evidence questioning vaccines.

I cited peer reviewed papers, government statistics and intergovernmental inoculation campaign statements throughout the post. Yet still most of these people refused to consider, or even look at this evidence. Preferring instead to call me an idiot, accuse me of being a child abuser or claim that I was spreading dangerous *'anti-vaxxer'* disinformation.

One individual, who claimed to be eminently qualified, said he was looking forward to the day I would be imprisoned. This hysterical reaction is based upon the narrative forced upon people by a MSM. It is very easy to be convinced that all the *'science'* supports your point of view if you never look at any.

The overwhelming body of scientific studies and evidence strongly supports vaccines. In Parts 3 and 4 We'll look at the evidence which raises concern about the possibility of widespread scientific fraud in vaccine R&D and corruption of both the licensing authorities and the adverse reaction reporting system. Remarkably, given the overwhelming bias in research funding, there is still a significant body of scientific research which does question vaccine safety. You are free to dismiss this research if you like but you can't pretend it doesn't exist, no matter what you are told to believe.

Some of the studies which question vaccines are written off by vaccine supporters because they claim they were not published in *'reputable scientific journals,'* such as the British Medical Journal. However, it should be noted that respected journals such as the BMJ and the Lancet have financial partnerships with the vaccine manufacturers. So if we are going to question the respectability of a journal we might start by looking at its independence and who funds it. Many of the studies I cite here are published in so called reputable journals. This is a prerequisite for some to even accept the science as real. Personally, I don't see it lends them any additional credibility.



Another objection is that the studies which question vaccinations are not properly peer reviewed or, even when they are, that peer review process isn't trusted. Aside from the fact that the peer review process itself is in deep trouble this often boils down to people's choice, or preference. This appears to be based upon some arbitrary set of standards they apply independently to the science they either accept or reject.

If you reject the peer review process, for some science, because you disagree with the reviewers then you reject the entire peer review process because you acknowledge it is subjective. Inevitably this leads to a situation where you only *'believe'* the peer reviewed science you already agree with. Which makes a mockery of any claims to respect either the peer review process or science, both of which should maintain higher standards of objectivity.

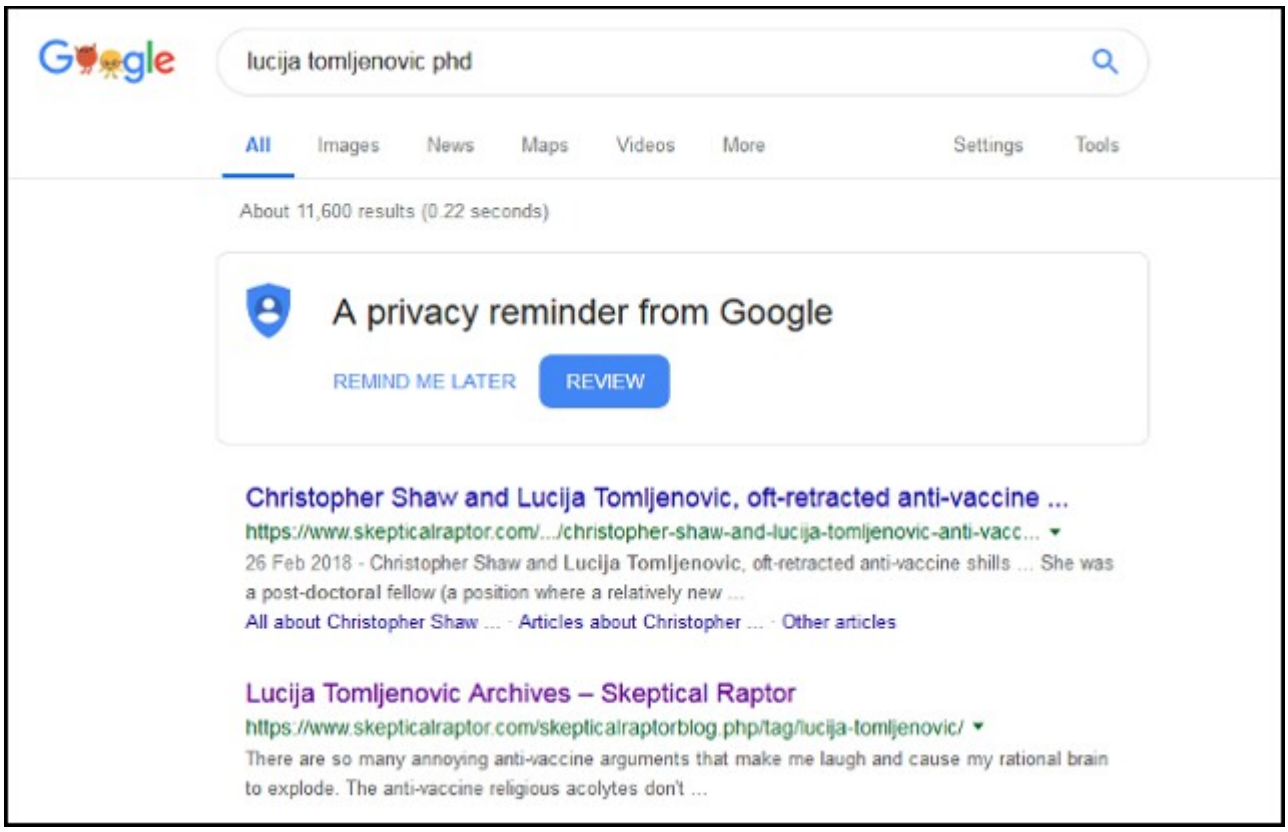
So we are now going to consider a small fraction of the peer reviewed scientific

evidence which suggests there may be health risks associated with vaccines. If for no other reason than to provide a semblance of balance.

The Science Questioning Vaccines Exists

Dr Lucija Tomljenovic Ph.D from the Neural Dynamics Research Group, criticising the statement made by the Center for Disease Control and Prevention senior epidemiologist Dr Robert Chen, outlined the wide availability of scientific research questioning vaccines:

".....The statement by Dr Chen that 'the science behind vaccination safety is rock solid' is factually inaccurate and contradicts a large body of scientific literature published on this subject. As with any medication, vaccines can carry risks of adverse reactions (ADRs). However, in spite of the widespread notion that vaccines are largely safe and serious adverse complications are extremely rare, a close scrutiny of the scientific literature does not support this view. For example, to date the clinical trials that could adequately address vaccine safety issues have not been conducted (i.e., comparing health outcomes in vaccinated versus non-vaccinated children)."

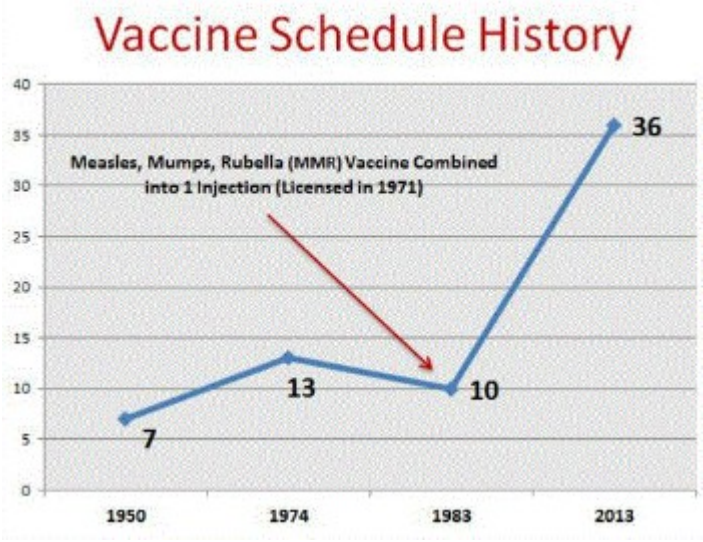


As ever, I recommend you do your own research on everything discussed at **In This Together** and make up your own mind. If you *'Google'* Dr Lucija Tomljenovic you will immediately encounter the *'debunking'* of someone going by the name of the Skeptical Raptor. This anonymous character, who makes claims about their own scientific knowledge, none of which can be verified, is often cited by those who call Dr Tomljenovic an anti-vaxxer. For her part Dr Lucija Tomljenovic has a Ph.D. in biochemistry and is currently a senior research fellow at the University Of British Columbia School Of Medicine in Vancouver.

Alphabet inc. is the multinational conglomerate holding company for Google. It's venture capitalist arm GV is a major investor in vaccine technology and research. I suggest avoiding Google for anything but basic information searches. DuckDuckGo is currently a far more informative and reliable alternative.

A 2013 study published in the Journal of Toxicology scientists from the University of British Colombia and MIT outlined how Aluminum is harmful to the Central Nervous System (CNS). The paper points out how CNS problems are correlated with neurological disorders like Autism Spectrum Disorder (ASD), and

makes a strong argument that Aluminum adjuvants in the form of pediatric vaccines, could be contributing to increased rates of ASD.



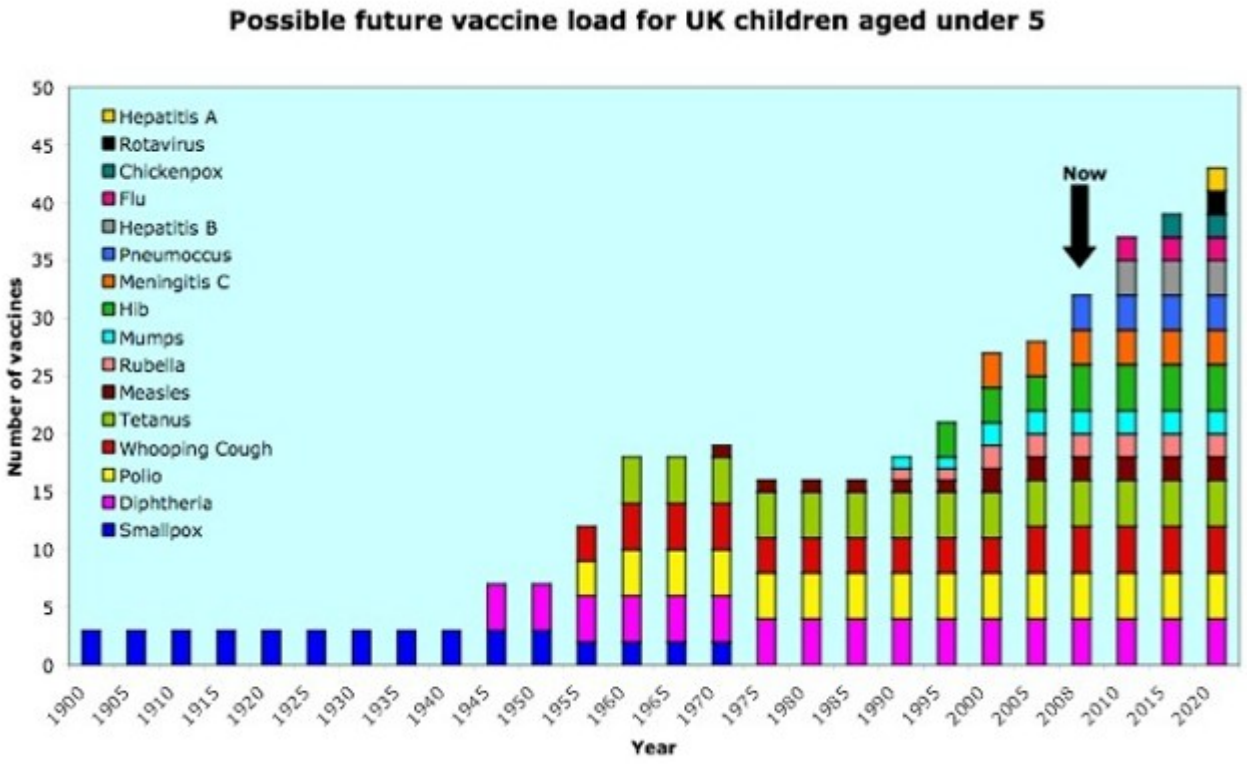
Statistical analysis demonstrates that the increase in the diagnosis of ASD's correlates directly with the rapid expansion of the vaccine schedule. However, improved diagnostic tests could also account for the increase. Similarly there is also a strong correlation with the increasing level of Glyphosates in food stuffs. So this statistical analysis alone certainly doesn't *'prove'* a link between ASD and the vaccine schedule. Equally, what cannot be claimed, is that the apparent correlation between ASD diagnosis and the vaccine schedule doesn't exist.

This potential link between vaccines and Autism, first widely acknowledged following the 1998 paper by Dr Andrew Wakefield et al, has emerged in a number of other papers. For example a 2010 study by the Stony Brook Medical Center found that the Hepatitis B vaccine more than trebled the likelihood of developing ASD. A more direct possible link between ASD and the MMR vaccine emerged in a paper by the Utah Department of Biology and Biotechnology Center who found elevated levels of MMR antibodies in children diagnosed with ASD.

A further 2007 study by researchers at the University of Iowa, looking at data sets from 2004, found a suggested link between the mercury adjuvant in many vaccines (Thimerosal) and rates of autism. The potential damaging effect of injecting unprecedented levels of metals directly into the blood stream of small children was effectively conceded by the vaccine industry and the CDC who

recommended that Thimerosal, in particular, be removed or reduced. However, contrary to numerous studies, they maintained that the risks were low.

Consequently Thimerosal was removed as a precautionary measure. Which does beg the question, if there was certainty that the risks were low, why this precaution was necessary. Contrary to the reassurance studies showed this increased exposure to mercury may have been linked to increased fetal ASD risks. Therefore, while we can welcome its removal from some but not all vaccines, we might question how it ever passed supposed licensing safety standards in the first place. Something we'll explore later.



Why Consuming Metals Is Not The Same As Injecting Them

Concerns over increased exposure to metals via vaccination have been roundly dismissed by vaccine proponents because numerous studies suggest no elevated risks. We commonly encounter both heavy and other metals, such as Aluminum, in our environment. The levels found in vaccines are deemed to be safe by comparison according to the vast majority of both scientific researchers and the

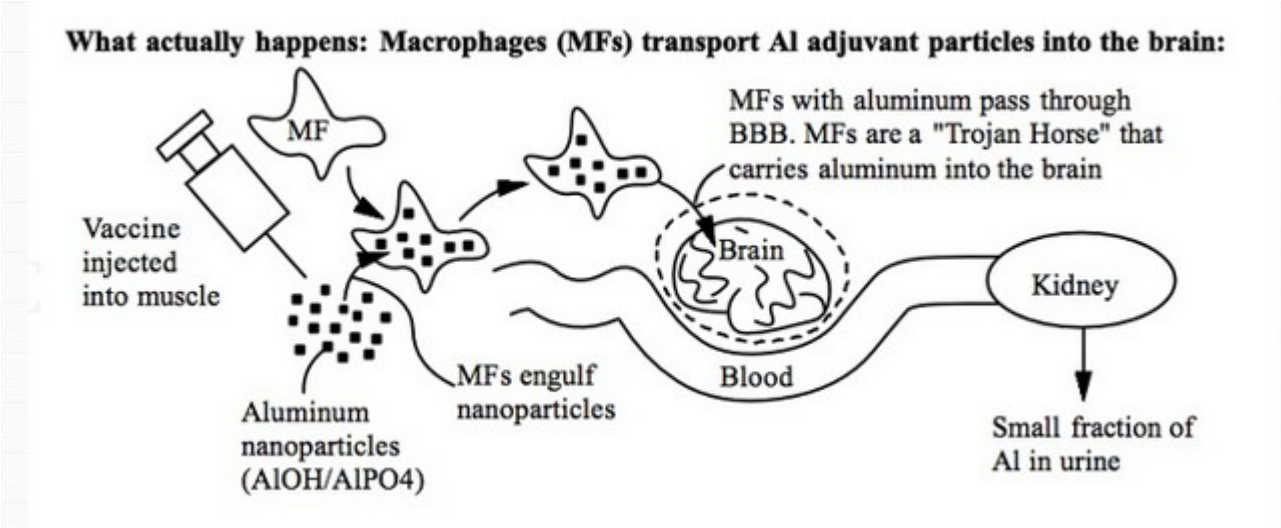
public.

However, the debate centers around the way in which vaccines introduce these metals into the body, especially with regard to infants. Most studies which have looked at potential risks have tended only to consider immediate, short term, reactions. Very few, and certainly none funded by the vaccine manufacturers, have studied the potential longer term impacts.

The argument for this lack of inquisitiveness by the manufacturers and regulatory authorities is that metal based adjuvants are absorbed quickly, rapidly excreted and are unable to pass the Blood Brain Barrier (BBB). Consequently, longer term studies into these potential risks are one of the few areas of vaccine science where the weight of evidence tends towards scepticism.

There is significant evidence to challenge what appears to be an assumption, within many of the short term studies, regarding how metals, and in particular Aluminum Adjuvant Nanoparticles (AAN's), are absorbed. The assumption is that the absorption and excretion mechanism following ingestion of aluminum also applies when it is injected directly into the bloodstream via vaccination. The scientific evidence suggests this is not the case.

Aluminium (Al) is naturally absorbed via ingestion in a water soluble *'ionic'* form. It is toxic but natural ingestion and environmental exposure means we are adapted to process and excrete this toxin. Our immune response dispatches cells called macrophages (MF) to attack and digest the Al in a process called 'phagocytosis.' We then excrete it in the normal way.



Vaccine delivered AAN's are not digested within the MF's, remaining in the body for a much longer duration. The 'infected' MF's effectively become toxic and transport the AAN's around the body. MF's freely traverse the BBB and the brain is extremely sensitive to Al. The studies which demonstrate this process are numerous and experimental proof is consistent and repeatable. For example Khan et al stated:

"…continuously escalating doses of this poorly biodegradable adjuvant in the population may become insidiously unsafe, especially in the case of overimmunization or immature/ altered blood brain barrier…"

From a legal perspective there is no doubt that vaccines can and do cause significant harm. The only question is the level of risk associated with vaccines. Vaccine manufacturers in the U.S are immune from prosecution. In 1986 the National Vaccine Injury Compensation Program was set up to ensure such cases would not be heard in open court. The NVICP dictates:

"….claims against vaccine manufacturers cannot normally be filed in state or federal civil courts, but instead must be heard in the U.S. Court of Federal Claims, sitting without a jury."

The situation in the UK and other European nations is similar. However, as this freedom of information request illustrates, the indemnity is on more of an ad-hoc basis in the UK. You might ask why vaccine manufacturers should be afforded any indemnity. Why do so many states consider it important that they be protected against prosecution?

Vaccines Can And Do Cause Harm

Christina Tarsell

There have been a number of cases which have come to public attention. For example, in 2017, the family of Christina Tarsell was awarded compensation for her death as a result of receiving the Gardasil Vaccine. This has been strenuously denied by vaccine advocates but it is beyond reasonable doubt in law.

The state had previously tried to shift the onus of the burden of proof onto the family. Winning a decision in 2012 as a result. However the Tarsell family persisted and cited the Althen Standard which required them to demonstrate three points to the courts satisfaction.

1. There was sound medical theory and evidence linking the death to the vaccination.

2. There was a logical sequence of cause and effect showing vaccination as the cause of Christina's arrhythmia (her cause of death.)

3. Demonstrate a temporal connection between the vaccination and the onset of the arrhythmia.

The Tarsell family did precisely that and the onus was then on the state to prove that the Althen Standard had not been met. They couldn't and the family was awarded compensation. The potential for the Gardisil vaccine to damage the heart has been demonstrated by scientists from the Department of Molecular and Computational Biology at the University of Southern California who found that the ammino acid sequence, common to the the Gardisil virus proteins, are identical to the sequence of some heart muscle cells.

Similarly, children with acquired brain injuries, such as in the cases of Polar, Banks and Mojabi have been awarded payments by the NVICP courts. In each and every instance the proponents of vaccination insist these cases prove nothing. However the fact remains they were awarded compensation as a result of a vaccine acquired injury.

For example, in the case of Baily Banks the court stated:

"……. that Bailey's ADEM (Encephalomyelitis) *was both caused-in-fact and proximately caused by his vaccination* (MMR)*."*

[Please note: bracketed content added]

These court findings, signifying the potential for some vaccines to cause health harm, are consistent with the scientific research. Flarend showed that Al adjuvants are retained in the body far beyond the time claimed by the vaccine manufacturers. These results were confirmed in a study by the Michigan State University among others.

Another claim of the vaccine supporters is that while some people with genetic anomalies, allergies or immune deficiencies, may be at greater risk from adverse reactions, this tiny risks is virtually non-existent for the otherwise healthy. Again science disputes this notion. A study by a team from the Barcelona Infant Hospital found the process of MF corruption by AAN's was clearly identified in blood samples taken from healthy individuals.

The Immunity Research Group from the University of Calgary observed that inflammation anywhere in the body prompted the toxic MF's to travel to the brain. This was corroborated by collaborative study by the Cedars-Sanai Medical Center and the French Institute of Health and Medical Research who showed how the MF's could carry AAN's across the Blood Brain Barrier directly into the brain.

The studies here are just a few of those which indicate a possible link between vaccines, brain injury and potential ASD. There are many more which highlight evidence which suggests vaccines may also increase the risk of a range of neurological, physical and mental health problems.

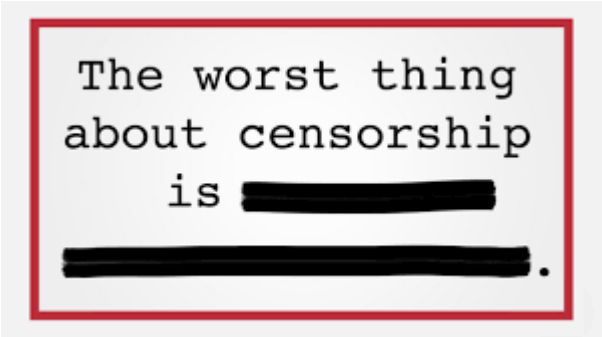
Concerns are growing for the number of girls and young women who claim to have suffered an adverse reaction the HPV vaccine.

None of this means the benefits of vaccines don't outweigh the risks, nor that widespread vaccination definitely presents a long term danger to public health. But the science is clear and further research is definitely warranted. What is also evident is that the manufacturers and the regulatory authorities are, for some reason, extremely reluctant to invest in this further research.

In reality, completely contrary to most peoples understanding of vaccines, there is no scientific evidence that long term exposure to AAN's is safe. The assumption in vaccine *'safety studies,'* which assert no metal adjuvant risk, are all based upon a provable falsehood. Namely that ionic Al consumtion is the same as AAN injection

via vaccination. The vaccine acolytes who call anyone who questions vaccine safety *'anti-vaxxers'* are either unaware of or choose to ignore this fact.

Therefore it is extremely concerning that the state have announced they intend to legislate to remove 'anti-vaxxer disinformation.' They have yet to define what they consider to be 'disinformation.' However, I expect this post will be among those to fall foul of the new state Internet censorship regulations. The MSM have already convinced the masses that everyone who questions vaccine safety is a lunatic, regardless of the scientific evidence, and the state is using this narrative to roll out censorship legislation.



Coming soon!

At the same time the state, with widespread public support, are moving towards compulsory vaccination. Anyone who challenges this is then castigated as an *'anti-vaxxer'* child abuser. Rather than debate the science there is a global initiative to shut down all discourse, remove freedom of speech and force people to undergo invasive medical procedures against their will.

This smacks of fascism and book burning. Even if you think everyone who highlights scientific scepticism about vaccines is insane, if you can't recognise the danger in allowing such laws to exist, you may soon find you won't be able to express your views either. Because once the 'Ministry of Truth' cat is out the bag it won't stop at the critics of vaccines. The UK state is already planning legislation to censor criticism of its foreign policy.

Many do not accept that the case for mandatory vaccination has been made. The risks are largely unknown and there is a distinct lack of evidence to demonstrate that the long term use of some vaccines is even safe, let alone effective. Claiming

that there is no scientific or substantive evidence to question vaccines is absurd.

Chapter 3

The official need for the National Vaccine Injury Compensation Program (NVICP), according to the U.S. Health Resources and Services Administration (HRSA), is that lawsuits, *"threatened to cause vaccine shortages and reduce vaccination rates."* This is both revealing and presents a contradiction.

Firstly, if profit is a determining factor for vaccine availability then clearly we are looking at a business enterprise, not a public health program. Secondly, the number of lawsuits for vaccine injury are a contraindication, suggesting the need for caution. They are not a justification for maintaining *'vaccine rates.'* Quite the opposite.

As I have tried to stress throughout this series, I am one among many who question some aspects of the official vaccination narrative. I do not reject vaccines outright and accept much of the scientific and medical evidence which clearly shows the public health benefit of some vaccines.

For example, the purified DPT (acellular) combined vaccine significantly reduced pertussis in young children, across Europe. It differed immensely from the

cheaper DPT vaccine distributed in the U.S. which caused severe health harm for many infants.

This marked difference between two versions of the same vaccine illustrates the point I am hoping to make. Not all vaccines are created equal. Just because we have reason to value one doesn't mean we should uncritically accept all. Especially in light of the growing vaccine schedule and increased use of combined vaccines.

The term *'anti-vaxxer'* is being liberally applied to illegitimately silence criticism of some vaccines and the vaccine schedule. All part of the effort to convince an unquestioning public to accept mandatory vaccination.

"Anti-vaxxer" is just a label, used as a linguistic tool, to dismiss vaccine sceptics as science Luddites, cranks or dangerous agents of disinformation. This is done to ensure the vast majority, who apparently believe everything the media and the state tell them about vaccines, refuse even to look at the evidence prompting justifiable scepticism.

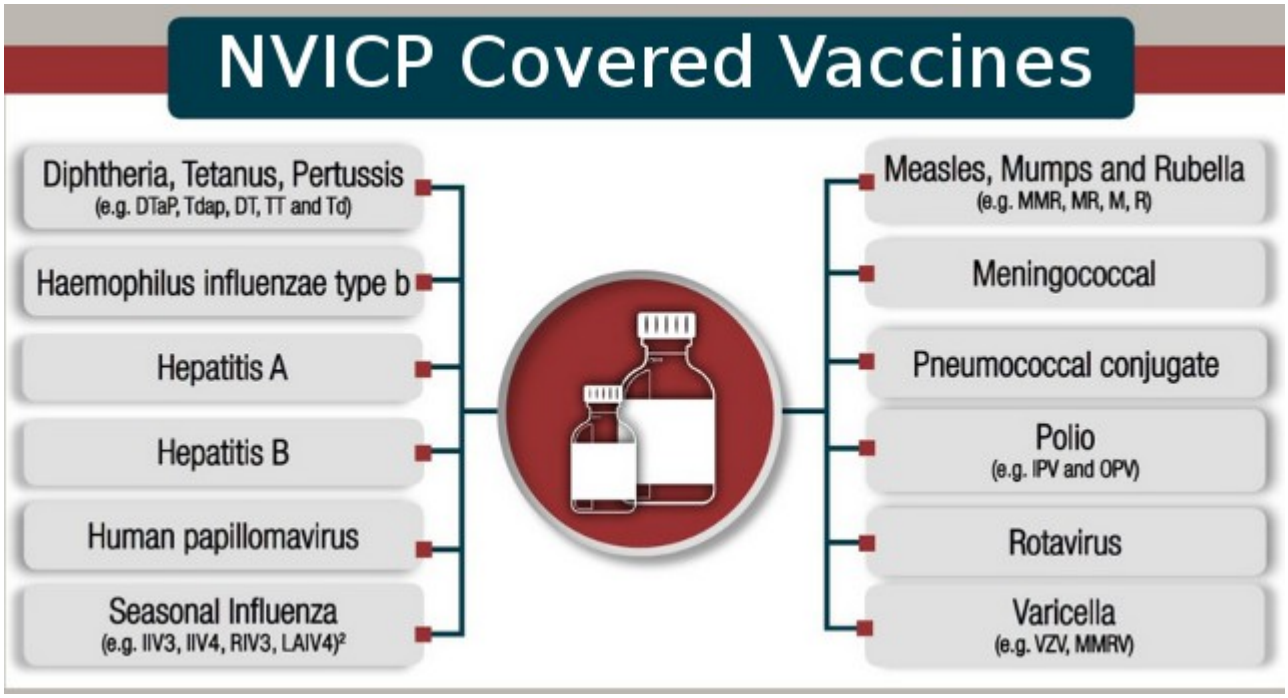
As we discussed previously, there is a plenty of historical, scientific and medical evidence to suggest the need for caution, especially given the increasing number with many more in the vaccine pipeline. This does not mean all those who highlight this information are entirely opposed to every vaccine. So you have to wonder why the state and the mainstream media keep insisting you believe they are.

An Introduction To Vaccine Compensation Programs

We are going to focus largely upon the U.S. vaccine schedule because it is the most extensive in the world. However, the U.S. regulatory regime is broadly replicated in other developed nations. Surprising then that the U.S. only ranks 37th on the World Health Organisation's population health league table. One below Costa Rica and 15 below Columbia. Obviously, vaccination rates are not a meaningful marker for overall quality of public health.

The U.S. National Vaccine Injury Compensation Program (NVICP) is managed by

three separate U.S. government departments. The U.S. Department of Health and Human Services (HHS) hosts the program; the U.S. Department of Justice (DOJ) defends the HHS in the liability limited hearings and the U.S. Court of Federal Claims pays out, whatever it judges to be appropriate, if the DOJ lose.



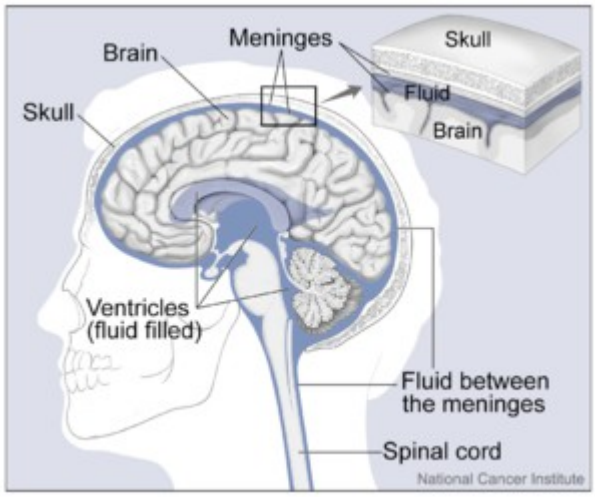
Since 1988 the NVICP has paid out $4.2 billion in compensation for people injured or killed by vaccines. The NVICP is funded by taxation, removing the burden of compensation completely from the shoulders of the pharmaceutical corporations and placing it entirely upon the tax payer.

Similar compensation funds exist elsewhere. In the UK the Vaccine Damage Fund (VDF), with a ceiling payout of just £120,000, has cost tax payers just over £74 million in compensation since 1978, for an estimated minimum of 1000 confirmed cases, representing about 12.5% of claims made. Similar Vaccine Injury Compensation (VIC) programs exist in 25 high income countries, mainly in Europe, the Western Pacific Region, North America and South East Asia. They are notably absent in middle to low income nations.

These VIC's are overseen by the World Health Organisation's (WHO) Global Vaccine Safety initiative. They were embroiled in the NPAFP vaccine scandal in India. The WHO are keen to stress the *"no fault"* element of the various VIC programs. They state:

"These programmes do not require injured parties or their legal representatives to prove negligence or fault by the vaccine provider, the health care system or the manufacturer before compensation. They serve to waive the need for accessing compensation through litigation…….All the no-fault VICPs reviewed require proof of a causal association between vaccination and injury……..As countries continue to extend the use of vaccines and strengthen their safety surveillance and investigative capacity, occasional severe vaccine-associated reactions will continue to be identified. No-fault VICPs are considered a measure to maintain confidence in immunization programmes."

We can paraphrase this statement. VIC's keep the pharmaceutical companies out of the courts. Once the claimant has proven the damage was caused by vaccination they must accept this is not the fault of either the state, public or private healthcare providers or the vaccine manufacturer before being eligible for any compensation. This is done to ensure the wider public believe all vaccines are perfectly safe, despite the evidence to the contrary.



Aseptic Meningitis

Most governments have acknowledged that vaccines cause a range of serious injuries. These include brain damage, seizure disorders, deafness, Guillain-Barré Syndrome (GBS), encephalitis (inflammation of the brain) and death. For example, in 1992 the MMR vaccine Pluserix was withdrawn from the UK vaccine market after it was found to cause aseptic meningitis.

Approximately 35% of the WHO's annual budget of about $4.5 billion comes from non governmental organisations, philanthropic trusts and other non state partners. These partners include vaccine program profiteers the Bill & Melinda Gates Foundation, the vaccine manufacturers Merck, Glaxo Smith Kline, Sanofi and Roche, among others, and a huge range of private healthcare, biomedical research and petrochemical corporations, such as Bayer AG. Whether the billions of dollars given to the WHO over recent years by these corporations had any bearing upon their 2019 definition of vaccine hesitancy as a global health threat is unknown.

Vaccines only provide a small percentage of Big Pharma profits but they are far from loss leaders. In 2017 the global Vaccine market was conservatively estimated to be worth $34.3 billion annually. The projected Compound Annual Growth Rate (CAGR) was around 7%. However, recent moves towards compulsory vaccination have seen market confidence soar.

With revenue projected to reach an estimated $77.1 billion per annum by 2024, an increased estimated CAGR of 10.3% is an attractive proposition for venture capitalists the world over. This growth is all but guaranteed providing as many people as possible are vaccinated. If mandatory vaccination extends to all adults then revenue will be measured in trillions not billions.

The pharmaceutical corporations can easily afford to pay the relatively small amount of compensation meted out by the likes of the NVICP and the VDF under the WHO compensation programs. So why are tax payers forced to cover their losses?

The Vaccine Balancing Act

Both vaccinations and natural resistance to infection rely upon antigens in the bloodstream. Vaccine derived antigens (for a given pathogen) are introduced to stimulate lymphocytes to produce antibodies, providing subsequent immunity against contracting the pathogen (disease). Vaccination reduces the health risks associated with the disease itself by pre-programming the immune response before major infection . Conversely, it introduces the potential risk of vaccine harm.

Natural infection avoids possible vaccine injury but runs the increased risk of contracting the disease. The child is more likely contract the pathogen and thereafter "self-antigens" bind to the antibodies to fight the infection. However, the level of immunity following natural infection is generally longer lasting than that provided by vaccines. Though this will depend upon the disease and the immune system of the infected person.

This used to be well known by parents. Hence the MMR parties of a few years ago, where children's highly adaptable immune systems would be deliberately exposed to infection. This was done to hopefully avoid the known higher risk associated with contracting the same disease later in life. When an entrenched, less flexible adult immune system tends to cause additional complications.

To illustrate, in 2014 researchers noted the waning effectiveness over time of the varicella vaccination in the U.S. population. This had greatly reduced incidents of

childhood chicken pox but had coincided with a significant increase the much more serious adult varicella disease of shingles. On balance, in light of both the health impacts and care costs of treating shingles in adults, the researchers concluded:

"….the universal varicella vaccination program is neither effective nor cost-effective."

Parental Choice?

Every parent need to make a risk assessment prior to vaccinating their child. Should they refuse and expose their child to natural infection, aiming for a greater chance of life long immunity, or vaccinate, reducing the immediate risk while potentially increasing the likelihood of poorer adult health? Additionally, parents need to know the chances of serious childhood illness, following infection, balanced against the odds of a harmful reactions to vaccine.

Many people are actively campaigning to take that choice away from parents. Giving more control of a child's health to the state. Regardless of the vaccine debate, is it tenable to believe the state will care for a child as a loving parent would? The State's track record in this regard is appalling.

To inform this vaccination decision parent need access to clear, honest, unbiased information. Unfortunately, as we shall she, the vast majority of promoted vaccine information is not trustworthy and major conflicts of interest permeate the vaccine information made available to the public.

In 1955 in the U.S. 200 people were paralysed and 10 died after receiving the Salk Polio vaccine. The liability for compensation stemming from the law suits that followed, fell upon the manufacturer Cutter Laboratories. During the 70's and 80's a similar slew of court cases followed the serious injuries caused by the DPT vaccine. A safer *"acellular"* variant was available which greatly reduced the health risks, but it was considerably more expensive. While many countries opted for this purified version, in the U.S. the Center for Disease Control and Prevention (CDC) chose not to use the safer variety, with devastating effects.

A parental choice?

A 1977 a study by Dr. Gordon T. Stewart, of the Department of Community Medicine at the University of Glasgow, found that 1 of every 54,000 DPT vaccinated children contracted encephalopathy (brain disfunction) amid a range of other neurological and physiological disorders. The litigation which followed in the U.S. threatened to bring vaccine manufacturing to a halt. The pharmaceutical corporations were unable to insure their liabilities and their profit margins dwindled. By 1984 many U.S. based corporations had left the vaccine market. Pharmaceutical corporation sell drugs for profit. There is no commitment to public health.

In response to this the U.S. Government passed the 1986 National Childhood Vaccine Injury Act (NCVIA), establishing the Vaccine Adverse Event Reporting System (VAERS), which we'll discuss shortly. The NVICP followed in 1988, removing any fears of liability from the vaccine manufacturers.

In his study Dr. Stewart noted that adverse events were severely under-reported or overlooked and recognised he was unable to identify the level of protection against pertussis claimed by the substandard DTP vaccine manufacturer. The question he asked was quite simple. Do the health benefits of a particular vaccine outweigh the assessed risk of harm caused by it?

This hardly seems contentious. Surely this is central to the precautionary

principle? And yet, in the current media polluted atmosphere surrounding vaccines, asking this question labels you an *"anti-vaxxer."* Of more concern, health policy makers, scientists and medical practitioners aren't asking themselves this same question. For our purposes lets call them the PSM.

The immediate retort to this will be that the PSM are cognizant of this consideration, that all vaccines are perfectly safe and only stupid *'anti-vaxxers'* would even raise this issue. However, for a number of vaccines, that assumption is false.

To answer the question, certain prerequisites need to be met. Firstly you need to have reliable data on the effectiveness of the vaccine. You need to know precisely how infection rates and the symptoms are improved by vaccination. How, and to what specific extent, does administering a particular vaccine deliver better health outcomes than ordinary, natural infection, where infection rates have reduced anyway due to other public health improvements? As the vaccine schedule has rapidly expanded, you also need to understand the risks and benefits for the cumulative effect of administering many more vaccines, often in combination and in a relatively short time frame.

Secondly you need to know, with a considerable degree of accuracy, what the adverse reactions are, their severity and prevalence. Without this data you simply cannot know if the vaccine risks are acceptable compared to the known risk of disease.

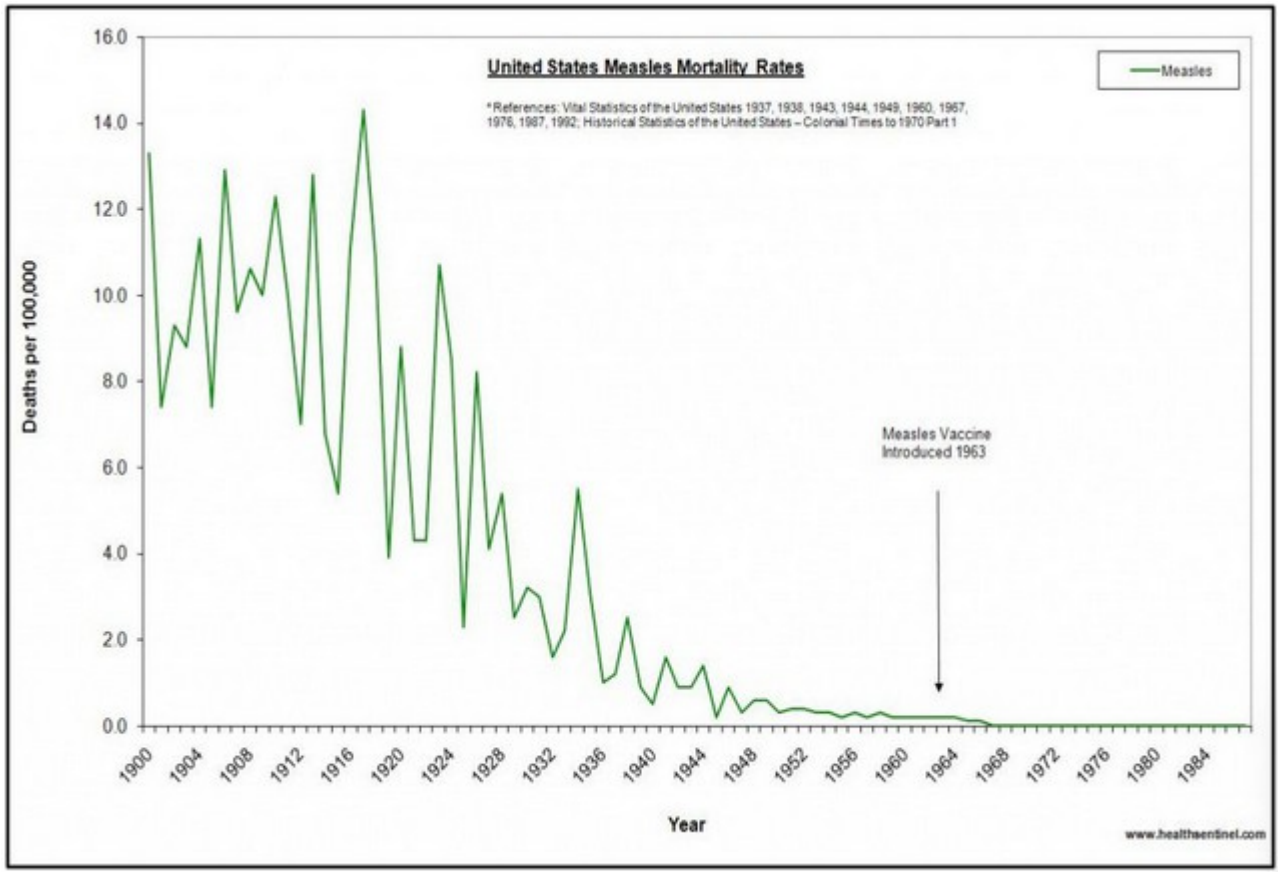
Unfortunately, the PSM tasked with providing vaccine cover for the population

don't have a clear picture of this data. They are not questioning either vaccine efficacy or safety. Those who do are ostracized and attacked for ever doubting vaccines. For a number of scheduled vaccines, efficacy and safety are just assumed with little to no substantiating evidence, particularly in regard to the scheduled mixing of both monovalent and combined vaccines.

Problems With Establishing Vaccine Effectiveness (VE)

In the U.S, in the first 18 years of life, children are injected with a total of 72 doses of various vaccines supposedly improving their health outcomes. They receive 28 doses before their second birthday. This is based upon the total number of doses not shots, as it includes combined vaccines such as MMR and DTaP (counting each shot as 3 doses.) Counting doses in this way is consistent with U.S. Government taxation of vaccines, which funds the NVICP. This tax is levied per dose, meaning one shot of MMR is counted as three doses.

Claims that vaccines are solely responsible for the significant decline in disease seen in the 20th century fail to acknowledge the considerable impact of other public health improvements, such as the widespread adoption of the Leicester Method. For example, it is claimed that measles mortality in the U.S. was eradicated by the measles vaccine. This claim is dubious. Measles mortality was near to zero before vaccines were introduced in 1963. The measles vaccine undoubtedly further reduced mortality rates but, absent the accompanying broader public health improvements, there is no evidence the measles vaccine alone was responsible for the claimed eradication.



The only way to clearly establish vaccine efficacy (VE) today is by comparing the health outcomes of vaccinated populations against those of the unvaccinated, where public health standards are equivalent for both groups.

There are no officially acknowledged long term, large scale studies comparing the health outcomes of those who follow the U.S. vaccination schedule against those who don't (the unvaccinated). The broad comparative health benefits of injecting this combination of 72 doses, throughout infancy and adolescence, are not clearly understood. Or rather, they aren't acknowledged.

There are a few studies from other countries which attempt to make large scale comparison between the vaccinated and unvaccinated. Each have different vaccine schedules using different types and brands of vaccines, so no direct correlation can be made with other national vaccine schedules.

A 2011 study by German researchers looked at the comparative health outcomes of nearly 18000 children. It found greater resistance to infection among the vaccinated child population:

"The proportion of children and adolescents who had had pertussis, measles,

mumps, and/or rubella was much higher in unvaccinated children than in those who had been vaccinated against the respective disease."

People declining vaccination should be refused medical treatment?

However, they also discovered the vaccinated had higher infection rates for diseases not on the vaccine schedule. Using median analysis of the 1-5yr group the unvaccinated contracted 3.3 *'non preventable diseases'* while the vaccinated infants contracted 4.2 on average. Among 11- to 17-year-olds, the corresponding figures were a median average of 1.9 (unvaccinated) versus 2.2 (vaccinated). From a VE perspective this suggests that vaccination reduces overall natural immunity. Though the researchers stated they did not think this significant.

The study also shows, contrary to some of the more outlandish claims of vaccine supporters, vaccination doesn't stop children becoming infected with *'preventable diseases'*. It reduces the chances of infection. It is therefore very difficult to see how vaccines alone can eradicate diseases. As discussed earlier in this series, other public health factors must also play a part in the near eradication of some diseases. The question is, to what extent.

This more complex picture was acknowledged by another large scale 2015 comparative study of the impact of vaccines in Malawi in East Africa. It wasn't feasible to quantify VE. The compounding factors, such as distance from vaccine centers, poverty, poor sanitation, overcrowding etc were inextricably linked to disease rates. It was near to impossible to derive a clear methodology for

evaluating VE.

Such environmental factors are still relevant, to a lesser extent, in developed nations. For example, the vast majority of us have access to clean drinking water but housing condition vary greatly.

This may explain why, in the 2012 Congressional hearing on autism before the House Committee on Oversight and Government Reform, Dr. Coleen Boyle, then Director of the CDC's National Center on Birth Defects and Developmental Disabilities stated:

"We have not studied vaccinated versus unvaccinated [children]."

There haven't been any reliable large cohort comparison studies since. Consequently, there is very little evidence to demonstrate VE for the U.S. vaccine schedule. This is echoed in the UK and many other developed nations, whose own vaccine schedules are equally lacking any reliable large scale comparative cohort studies.

Despite risible '*nothing to see here*' stories spewed out by the MSM, the problem of multinational corporations funding scientific research, invariably proving their own products are brilliant, is a major factor contributing towards a genuine crisis in science. With regard to vaccine efficacy research, this problem has been long known. In 2009 a research team from the respected Cochrane Colaboration wrote a paper on the impact of corporate finance on published influenza vaccine science.

They looked at papers written about the influenza vaccine. In particular they were looking to see if the data within the paper supported the conclusion. The more accurately the data evidenced the conclusion, the higher the *'concordance.'* They compared this with the funding sources of the paper. 48% Were government funded, 29% declared corporate funding and 23% didn't say where their funding came from.

While 70% of studies were favourable to the vaccines, only 18% showed solid concordance between the data reported and study conclusions. Over half (56%) were considered at high risk of bias and only 4% were considered low risk. Greater concordance was attributed to better methodology, not funding levels. The study concluded:

"……the higher the probability of concordance, the lower the probability that a study's conclusions were in favour of vaccines' effectiveness…."

In other words, the concordance (quality) of the paper was considerably higher for the 30% of papers questioning vaccines that the 70% extolling their virtue. Due to the high proportion of unknown funders the study couldn't clearly state to what extent industry funding skewed the conclusions in the papers analysed. However, they stated:

"…..there was an inverse association between conclusions in favour of the

vaccines' effectiveness and government funding, This finding confirms the established association between funding source and type of study conclusions."

Meaning a disproportionate number of poorer quality *vaccine favourable papers* were funded either by pharmaceutical corporations or unknown financiers. The Cochrane researchers found a clear correlation between corporate funding and the publication of those papers in prestigious journals.

"Publication in prestigious journals is associated with partial or total industry funding, and this association is not explained by study quality or size."

Cochrane also looked at how often those published papers were cited by others as evidence. They scored the papers based upon the frequency of their citation. They found the studies less favourable to vaccines had a citation score of 3.74 compared to 8.78 for industry funded studies favourable to vaccines.

What this shows is that the influenza vaccine efficacy papers, published in the most prestigious medical journals, were predominantly funded by pharmaceutical corporations. These papers were at high risk of bias and were of generally poor quality, lacking concordance. However, they were far more likely to be referenced as evidence by others.

The researchers noted the likely impact of this on medical professionals. They recognised that professionals, hoping to stay informed about medical advances, rely heavily upon the so called prestigious journals. Pressed for time, research shows, that most simply read the conclusions, trusting the supposed integrity of the publisher and wrongly assuming they had done their due diligence on the evidence presented before publishing the paper.

In 2009 this meant that GP's and paediatricians were largely reading poorly evidenced pap, advocating biased industry funded vaccine research, before advising parents on the efficacy of those same vaccines. Parents, trusting the advice of Doctors, who were in no way deliberately misleading them, were given poor quality advice about influenza vaccine effectiveness.

Not only is there a distinct lack of large comparative cohort studies demonstrating VE, the guidance, filtered down to parents, in order to inform their decision, was also questionable. Ten years later their is no evidence to suggest

anything has changed.

Problems With Establishing Vaccine Safety (VS)

Just as with establishing VE, determining vaccine safety (VS) is equally complex. In general vaccine risks are measured by analysis of injury claims and reported vaccine injuries. There are considerable problems with the collection and analysis of this data. Other issues with verifying data include unreliability due to conflict of interest, poor methodology and unexplained omission.

Recently the Guardian, in an woefully uncritical example of alleged journalism, confidently reported that there was no link between the MMR vaccine and Autism. This was based upon an large cohort comparative study by Danish researchers. It was also cited by numerous health care providers, including the NHS in the UK. What the media and compliant health services neglect to mention is that this study was practically written by the pharmaceutical corporations.

Three of the study's authors worked for the Statens Serum Institut, a profit making Danish vaccine manufacturer and distributor, and the research was funded by the Danish multinational pharmaceutical corporation Novo Nordisk.

Why neither the Guardian nor the NHS felt the public needed to know anything about this is hard to say. But it certainly doesn't lend much credibility to the either the study or their reporting of it.

Those who accuse people of being *'anti-vaxxers'* will say just because a pharmaceutical corporations funds a study, it doesn't mean it is biased. The same could be said for the studies they published claiming Thalidomide was safe. To avoid jumping to conclusions is wise, but to ignore precedent and deny the high probability of bias is stupid.

Yet, despite the difficulties and prominent denials, the CDC seemingly did conduct large comparative cohort studies on vaccine safety in the late 1990's. The CDC maintain a database called the Vaccine Safety Datalink (VSD). It records statistical data of vaccine related injuries. This used to be openly searchable by the public but now you need CDC permission.

In 1999, based upon his analysis of the VSD, Dr. Thomas M. Verstraeten produced a study called "Increased Risk Of Developmental Neurologic Impairment After High Exposure To Thimerosal-Containing Vaccine In First Month Of Life." He analysed the medical history of 400,000 infants born in the U.S. between 1991 and 1997. Narrowing his focus upon the Thimerosal adjuvant in the HepB vaccine, Verstraeten compared the health outcomes of the vaccinated against the unvaccinated.

The risk of developing autism for the vaccinated children was 7.6 times greater than for the unvaccinated. He continued to analyse the data, recording the following comparisons:

- Children given the Hep B vaccine were 5 times more likely to suffer sleep disorders,
- They were more than twice as likely to have speech disorders
- The HepB vaccinated were nearly twice as likely to have neurodevelopmental disorders.

This raised some concerns and, in September 2000, a meeting was convened by CDC's Epidemic Intelligence Service, at Simpsonwood Retreat Centre in Georgia. The transcript of that meeting illustrates the CDC were focused upon protecting

against litigation and burying the results.

The CDC's approach was not universally shared by the paediatricians present at the meeting. Many were more concerned about the welfare of children. Dr. William Weil, representing the American Academy of Pediatricians, said:

"There are just a host of neurodevelopmental data that would suggest that we've got a serious problem……To think there isn't some possible problem here is unreal……The number of dose related relationships are linear and statistically significant. You can play with this all you want. They are linear. They are statistically significant."

Other medical professionals present were less worried about children. Dr. Robert Brent, a scientific advisor for the American Council on Science and Health, was far more concerned about the risk of litigation. He said:

"The medical/legal findings in this study, causal or not, are horrendous……you could readily find junk scientist who would support the claim with a reasonable degree of certainty…….you will not find a scientist with any integrity who would say the reverse with the data that is available…….So we are in a bad position from the standpoint of defending any lawsuits if they were initiated and I am concerned."

Dr. Roger Bernier, Associate Director for the CDC's National Immunisation Program, added:

"We have asked you to keep this information confidential….Consider this embargoed information….and very highly protected information"

Dr. Tom Verstraeten

This seeming policy of evidence obfuscation and denial was reinforced in court by the U.S. Department of Justice in the 2007 Omnibus Autism Proceedings (OAP). They found the vaccine causation claims of 5600 families *'untenable'* and refused to pay any damages.

Dr. Andrew Zimmerman was due to testify as an expert witness on behalf of the HHS in the OAP. He had previously written a statement for the court in reference to separate case of one of his patients. In that case he said there was no evidence of a causal relationship between the MMR vaccine and her autism diagnosis. This was written solely written for her case, not the OAP hearings. Realising his statement was being used in the OAP hearings as evidence disproving any link between vaccines and autism, Dr. Zimmerman protested to the DOJ lawyers and stated:

"….there were exceptions in which vaccines could cause autism…..in a subset of children with an underlying mitochondrial dysfunction….in at least one of my patients, did cause regressive encephalopathy with features of autism spectrum dissorder."

Having raised his concerns the DOJ lawyers struck Dr Zimmerman off their list of expert witnesses and his testimony wasn't heard in the OAP hearings.

Today, 20 years after Dr. Verstraeten's research paper, the CDC state on their

website:

"There is no evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site."

Thimerosal (an ethyl Mercury compound) remains an adjuvant in the influenza vaccine. This is given to millions of adults around the world every year and is also routinely recommended for administration to infants and pregnant women to *'protect them.'*

Meanwhile, rates of autism spectrum disorders (ASD) have skyrocketed. Between 2000 and 2014 U.S. rates of diagnosed ASD grew from and estimated 1 in 150 children in 2000 to an estimated 1 in 40 by 2016. Suggesting above a 350% increase in less than two decades. The first live attenuated influenza vaccine (LAIV) was approved by the U.S Food and Drug Administration in 2003.

While no one has any idea at all why this increase has occurred we are told it definitely isn't anything to do with vaccines. A myriad of explanations have been offered. From better diagnostics (350% improved in just 16yrs) to global warming. Every avenue has been explored but only vaccines have been discounted as a potential cause.

This all seems rather odd, given the CDC's own suppressed analysis of the VSD suggested a link. As do many other peer reviewed scientific research papers.

In 2014, this prompted a team of U.S. university researchers to analyse the 6 papers the CDC cherry picked to substantiate their view that introducing ethyl Mercury compounds directly into the bloodstream of pregnant mothers and infants was perfectly safe. They concluded:

"There are over 165 studies that have focused on Thimerosal…….[which] found it to be harmful….The studies upon which the CDC relies and over which it exerted some level of control report that there is no increased risk of autism from exposure to organic Hg in vaccines…..These six studies are in sharp contrast to research conducted by independent researchers over the past 75+ years that have consistently found Thimerosal to be harmful…..Thimerosal has been found to be a risk factor in speech delay, language delay, attention deficit disorder, and autism…..Importantly….. five of the publications examined in this review were

directly commissioned by the CDC, raising the possible issue of conflict of interests or research bias, since vaccine promotion is a central mission of the CDC."

[Note: Bracketed information added]

The CDC isn't remotely independent of the pharmaceutical corporations. In 1990's the U.S Government created a number of *'non profit'* foundations for government agencies, such as the CDC and the Food and Drug Administration (FDA). Senior Vice President of the Lowe Institute Shannon Brownlee noted:

"The foundations exist at least in part because they allow industries to directly fund and thus control the work of agencies that are either supposed to regulate them, or conduct research that can help or hurt their business."

A quick look at the CDC Foundations partners reveals who is funding their programs. GlaxoSmithKline, probably the largest single vaccine manufacturer in the world, contribute, as do many of their global corporate competitors. Merck, Sanofi, Novavax, Emergent BioSolutions, CSL and Bavarian Nordic all willingly give their financial support to the CDC.

This has absolutely no influence at all on anything the CDC does and every decision they make is entirely unbiased, open, honest and transparent. It is up to you to decide if you think the previous sentence is plausible.

Where Does This Leave Parental Choice?

Ultimately this corporate pollution of vaccine *'facts'* available to parents makes it extremely difficult for them to judge which vaccines they wish their children to receive. The evidence for both the efficacy and safety of some is far clearer than for others. Similarly doctors, upon whom parents generally rely for advice, face problems in weeding out the biased and profit driven science from the more reliable, genuinely independent studies.

Unfortunately, publication in allegedly reputable medical journals no longer signify either study quality or due diligence on behalf of the publisher. Like parents, doctors need to look beyond the more widely publicised vaccine studies if they hope to provide the best possible advice. For both parents and professional this would require a significant time commitment. One limited by the demands of busy working lives.

Yet the alternative is simply to rely upon whatever the media report, politicians say or the findings of industry funded studies. It is naive to imagine the vast sums involved have no impact upon vaccine information in the public domain. Especially in light of the huge increase in predicted revenue if mandatory vaccination is legislated.

What's worse is the undeniable nexus between the the mainstream media, the political establishment and the pharmaceutical corporations which vilifies and, when necessary, destroys anyone who openly questions vaccines. This is the antithesis of both scientific inquiry and open, honest discourse. We should all ask ourselves why those who seek to silence debate fear it.

In the final Part 4 of the series we'll look at the how vaccines are licensed. We will also consider some shocking evidence which raises serious concerns about a number of vaccines currently available on both the U.S. and European vaccine schedules.

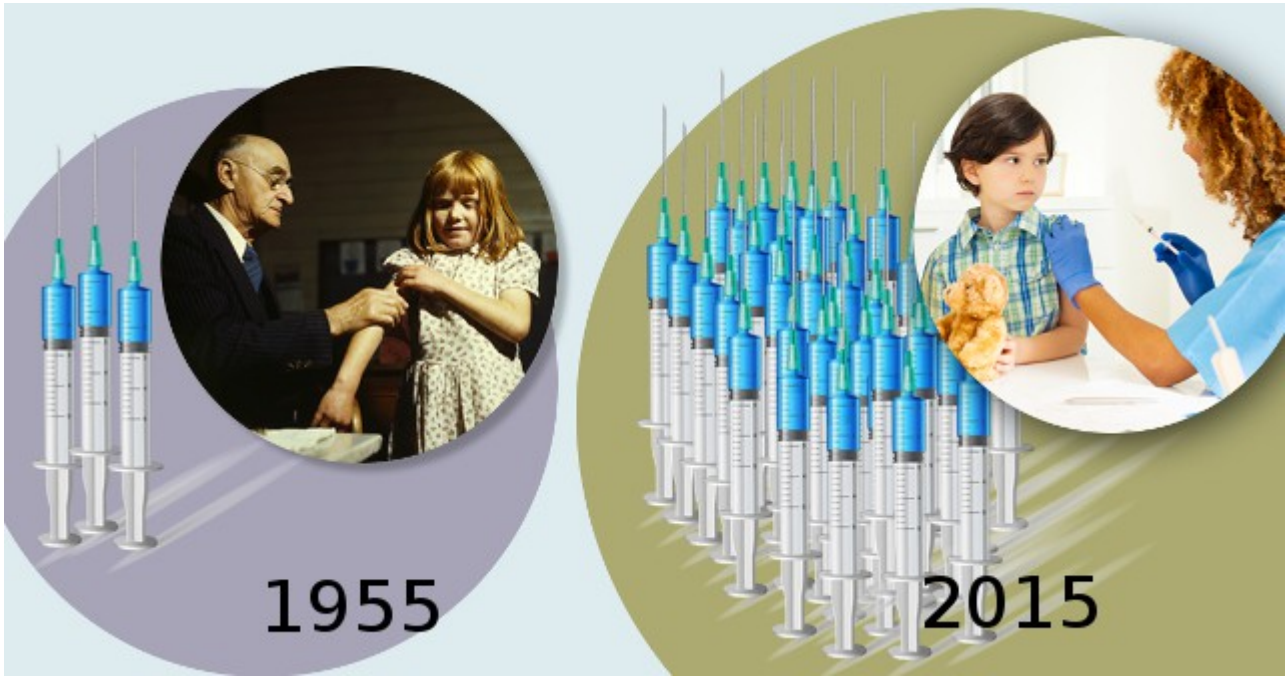
Chapter 4

Are All Vaccines Necessary?

Most children born in the U.S. in the early 1950's received four or five vaccines. These were the smallpox and the combined diphtheria, tetanus and pertussis (DTP) vaccines. A child born the 60's would have received these plus the oral polio vaccine (OPV) and the monovalent measles vaccine. Those born in the 70's were no longer given the smallpox vaccine after 1972 but would be inoculated with seven vaccines, comprising of DTP, OPV and the new combined measles, mumps and rubella vaccine (MMR). From the mid 1980's to 1990's this increased to nine with the addition of the haemophilus influenza type B (Hib) and the hepatitis B (HepB) vaccines.

Throughout the late 1990's to mid 2000's this rose to 13, as the OPV was phased out to be replaced by the injected IPV and vaccines for influenza, varicella, rotavirus and pneumococcal were added. From 2005 onward the number has risen to 16 with human papillomavirus (HPV), hepatitis A (HepA) and meningcoccal now on the schedule.

The public health value of some of these vaccines is uncertain. For HPV in particular the evidence suggests the risks significantly outweigh any possible health benefits.



In both the U.S. and the UK. Children are routinely offered the HepB vaccine. Following its introduction in 1991, there are now 6 recombinant HepB vaccines licensed for use in the U.S. Since then reported U.S. HepB cases, in a population of more than 300 million, have dropped from approximately 18,000 to just over 3000 in 2016. The vaccine probably contributed to this reduction in infection. Prior to 1991, relative infection rates were far higher in developing nations and that remains the case.

Hepatitis B is a virus induced liver disease. The virus is blood born and contracted through contact with infected blood or semen. In adults 94% to 98% of acute cases are short lived and pass without causing any long lasting liver damage. Where acute episodes persist it can lead to chronic liver disease, cirrhosis and liver cancer. However, infection during the first year of life causes chronic liver disease in approximately 80% – 90% of cases with 30% – 50% of those infected under the age of six going on to develop chronic illness.

It initially seems giving all infants the HepB vaccine is a sensible precaution. Yet, as stressed throughout this series, the situation is more complex. The children primarily at risk of hepatitis B are those born to hepatitis B infected mothers. HepB is extremely rare in childhood and is not highly contagious. Infections rates are a tiny fraction of those of pertussis or chicken pox (varicella).

These relatively low rates of HepB infection are higher in the third world where public health measures to stop the spread of infection lag behind those of other nations. Child to child infection is a small risk in developing nations and targeted childhood HepB vaccination programs in the third world will benefit public health.

In developed nations, with higher overall standards of public health, HepB is overwhelmingly a health threat for adults with the average age of infection between 30 – 39yrs. At risk groups are primarily intravenous drug users, the promiscuous, health workers, travellers and the immediate family of infected people. Vaccinating children whose mothers are infected is warranted, but there are considerable risks associated with the vaccine. Multiplying those risks by administering it unnecessarily to all children makes little sense. Especially in comparison to the negligible chance of them contracting hepatitis B.

In the U.S. alone the Vaccine Adverse Event Reporting System (VAERS) has recorded 91,474 adverse events for Hepatitis B and Hepatitis B containing vaccines. Many of these reactions, like short lived fever, irritability, diarrhea, fatigue, weakness, diminished appetite and rhinitis are relatively innocuous. However, far more harmful reactions are evident.

Approximately half of those serious Hepatitis B adverse events impacted children under 3ys old with an estimated 1,635 child deaths reported. Excluding combined vaccinations, containing the HepB component, there were 21,112 adverse events solely attributed to the monovalent HepB vaccine. By July

2019 926 claims had been filed with the NVICP with 829 cases of serious harm and 97 deaths.

In developed nations, where childhood HepB infection rates are extremely low, universal childhood HepB inoculation appears to present an unwarranted health risk. Very careful consideration and screening is necessary prior to giving children the HepB vaccination. Currently, this appraisal is not happening and any who suggests it should are attacked as *anti-vaxxers*.

In many developed nations, including the UK, the Hepatitis A (HepA) vaccine is only offered to those deemed to be in a high risk category. Again, these risks are associated with adult behaviours. Travel to infectious areas, employment patters, sexual behaviour, pre-existing conditions and drug use elevate the risk. Like HepB it is a viral disease of the liver but does not present a threat to life. Those without underlying illness, which may cause complications, will recover in a couple of months.

In the U.S. the HepA vaccine is routinely offered to all children between 12 – 23 months. There are three U.S. licenced HepA vaccines. Merck make VAQTA, an inactivated HepA vaccine and GlaxoSmithKline make both HAVRIX, another inactivated HepA vaccine, and TWINRIX, which is a combined vaccine containing both HAVRIX and their recombinant HepB vaccine ENGERIX-B.

By 2019 VAERS reported 41,240 HepA vaccine injuries. While most were insignificant, there were 3,292 hospitalizations, 865 related disabilities and 142 deaths reported. The HepA vaccines were added to the list of NVICP Vaccine Injury Table in 2004. There have been 145 claims, including 7 deaths and 138 serious injuries. For a non fatal, relatively harmless disease there appears to be no medical justification at all for inoculating children with the HepA vaccine. However, it is only stupid *'anti-vaxxers'* who care.

The widely held assumption that all childhood vaccines are beneficial, or even necessary, is not reflected by the evidence. Many are, but as we have repeatedly highlighted, not all vaccines are created equal. Perhaps the most stark example is the HPV vaccine. The evidence strongly suggests it is both harmful and unnecessary.

The HPV Vaccine Disgrace

There are about 200 known variants of the Human papillomaviruses (HPV). Once infected, 70% of infections clear naturally in less than a year and 90% in less than two. For this vast majority, natural antibodies protect against future HPV infection, though this isn't necessarily life long. About 75% of HPV infections are associated with non cancerous warts. While unpleasant, they present little risk to health.

Some strains do presents a significant cancer risk. HPV 16 and 18 are associated with nearly all cervical cancers. About 20% of HPV variants are associated to a lesser degree with other cancers, such as penile cancer. Globally 85% of these cancers occur in developing nations with the World Health Organisation estimating 266,000 deaths in 2012, of which 12% were attributable to cervical cancer.

HPV vaccines are primarily marketed to protect women against cervical cancer. In North America the chances of contracting cervical cancer are approximately 6.4/100,000 (1/15625) with a marginally higher risk in the UK. The risks increase with age and the average age for developing cervical cancer is 49. Other than cervical cancer, the average age for the onset of other HPV cancers is at least 61yrs. The chances of getting cervical cancer under the age 0f 20 are virtually non existent.

Avg age for cervical cancer 49yrs

Penile cancer is extremely rare with less than a 1/100,000 chance of succumbing to it. The average age for contracting penile cancer in the U.S. is 69yrs. If diagnosed there is an average 67% chance of surviving at least another 5 years.

Cervical cancer used to be one of the biggests cancer killers for women in both the U.S. and the UK. Fortunately, following the introduction of the Papanicolaou or PAP test, cervical cancer rates dropped significantly. However, rates have remained largely unchanged over the last 15 years. Research suggests improvements in PAP screening could further reduce incident rates by up to 83%. The average 5yr survival rate for women diagnosed with cervical cancer in the U.S. is 66%. Screening is not offered to women under the age of 21 as they are not at risk of developing cervical cancer.

HPV is a common sexually transmitted infection, contracted through intimate skin to skin contact. Currently both the CDC and the NHS in the UK recommend vaccination of all 11-13 yr old girls and boys. In the U.S. in 2018 the CDC expanded the market by recommending older women up to 45yrs also be offered the vaccine.

The girls first immunised are now aged between 28 – 30yrs. A 2019 study by researchers at the University of British Columbia stated that incidents of cervical dysplasia (potentially precancerous lesions), an indicator of possible cancer risks, were markedly lower for women vaccinated as children. However, they added:

".....progression of an HPV infection to cervical cancer takes decades, thus

continuous evaluation using population-based data offers early and critical insight into the real-world impact of vaccination…..very few studies have documented the population-level impact of HPV vaccination in young women on precancerous lesions as they enter cervical cancer screening programs."

Perhaps these results suggest reason for optimism although no conclusion can be drawn. Certainly the mainstream media (MSM) have been keen to highlight the possible reduction in HPV infection, though it remains to be seen what impact vaccination will have on cancer rates. There is reason for concern.

The potential benefits need to be balanced against the risk of harm, for which there is far more data. Firstly we should note the CDC's own 2015 study conclusions:

"Cervical cancer is not a very common cancer in the developed world and is even rarer in younger populations…..Precancerous lesions are frequently found among these age groups and are more likely to regress than at older ages."

Vaccine in vial with syringe. Vaccination concept. 3d

In less than 15 years of the U.S. HPV vaccination program VAERS recorded more than 62,000 adverse events. This included at least 6,300 hospital admissions, over 3000 disabling conditions and more than 500 deaths. Some 415 claims have been filed with the NVICP, comprising of 400 serious disabling events and 15

deaths. Though the HHS, having dispatched their teams of DOJ lawyers against claimants and their families in jury free courts, gave compensation to just 134 families.

Three HPV vaccines have been developed. GlaxoSmithKline make a bivalent version called CERVARIX and Merck make the quadravalent GARDASIL and the 9-valent recombinant GARDASIL 9. GARDASIL 9 is now the most widely used as neither CERVARIX nor the original GARDASIL are available in the U.S. It is routinely administered in a number of countries, including the U.S. and the UK. GARDASIL was first approved in the U.S. by the the Food and Drug Administration's Center for Biologics Evaluations and Research (CBER) in 2006 with GARDASIL 9 approved in 2014.

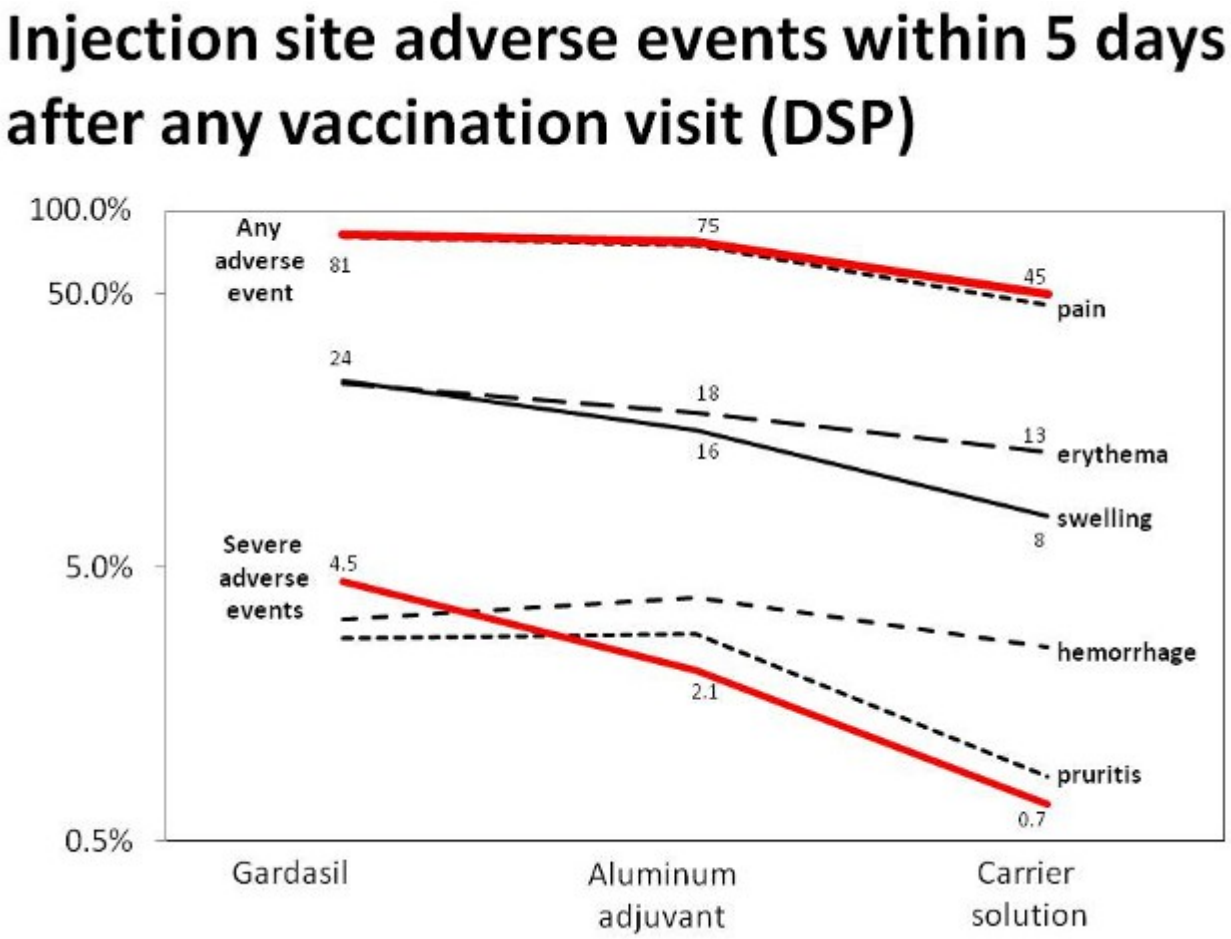
The FDA based their approval of GARDASIL upon 6 trials conducted by Merck. The vaccine manufacturer mainly studied 12000 16 – 23yr old vaccinated children for less than two years. Only 54% were female yet, until recently, the HPV vaccine was exclusively administered to girls.

The studies excluded children and young adults with health problems and none of them tested the vaccination in combination with others routinely given. Only one of the 6, a comparatively small scale study, looked at GARDASIL's effect on the age group it was ultimately licensed for.

Comparative placebo studies, supposedly establishing the efficacy and safety of the vaccine, were not undertaken. Instead of using an *inert* placebo, in 5 of the 6 studies, Merck chose to use a solution containing an aluminium adjuvant. These 5 trials gave an amorphous aluminium hydroxyphosphate sulfate to the control group. This was practically indistinguishable from the vaccine and was in no way *'inert.'* Thus making comparative analysis between the vaccinated and the control group more or less irrelevant.

The one trial conducted for children in the 9-15 age group, studying just 594, did use something closer to an *inert* placebo. Yet even this had nearly every component of the vaccine minus the immunological active element. This wasn't really a placebo either, rather a *'carrier solution.'* Nonetheless, comparisons between this and the other 5 studies, with no genuine control group at all, are revealing.

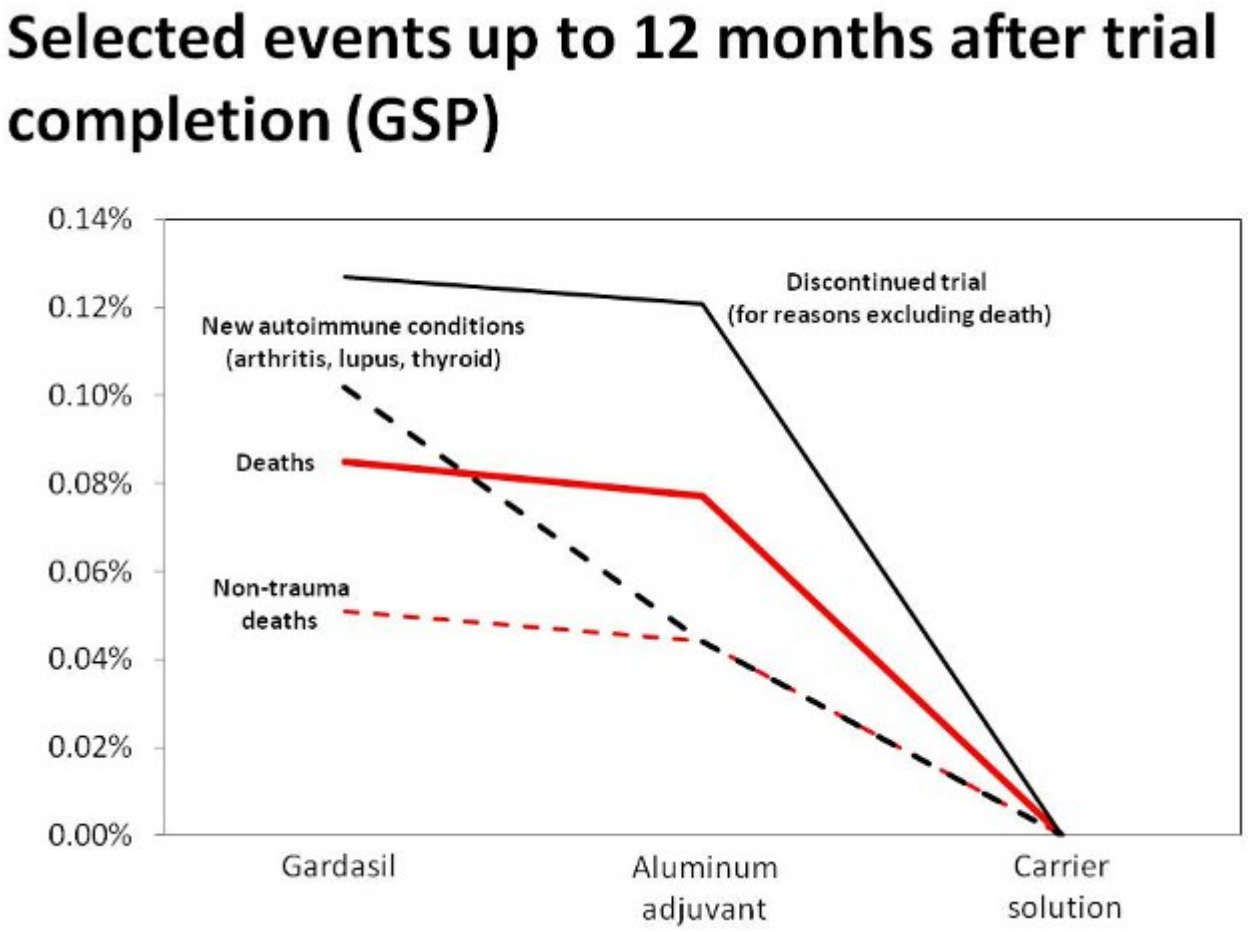
81% of those who received GARDASIL reported some kind of adverse event, as did 75% of those who received the aluminium adjuvant. This was less for the *'carrier solution'* group with 45% complaining of an adverse reaction. Most of these reaction were limited to brief pain and swelling but an alarming 5% of the GARDASIL test subject and 2% of the adjuvant group showed severe reactions, while the carrier group showed less than 0.7%.



Merck trial test results

Based on the trial data, there is little doubt about the extent to which the HPV vaccine, and to a slightly reduced extent aluminium adjuvants, caused severe adverse events. Over a 12 month monitoring period, the chances of a child developing an autoimmune problem following vaccination were roughly 1/900 and of dying about 1/1200, with slightly lower incidents for the aluminium adjuvant.

Merck and the FDA wrote this off as statistically insignificant. Perhaps it could have been if the comparative results for the *carrier solution* group weren't zero. Given that the lifetime chance of contracting cervical cancer is approximately 1/15625, with a 66% chance of survival, the trials suggest, for 11 yrs old HPV vaccinated girls, they are at least 10 times more likely to be killed by the vaccine, within a year, than cervical cancer in later life.



Merck trial test results

When the FDA's CBER agreed the Biological License Application (BLA) for GARDASIL 9 in 2014 they didn't feel it was necessary to refer the licensing to the medical advisory committee. As the manufacturing of GARDASIL 9 was identical to that of the original, they stated:

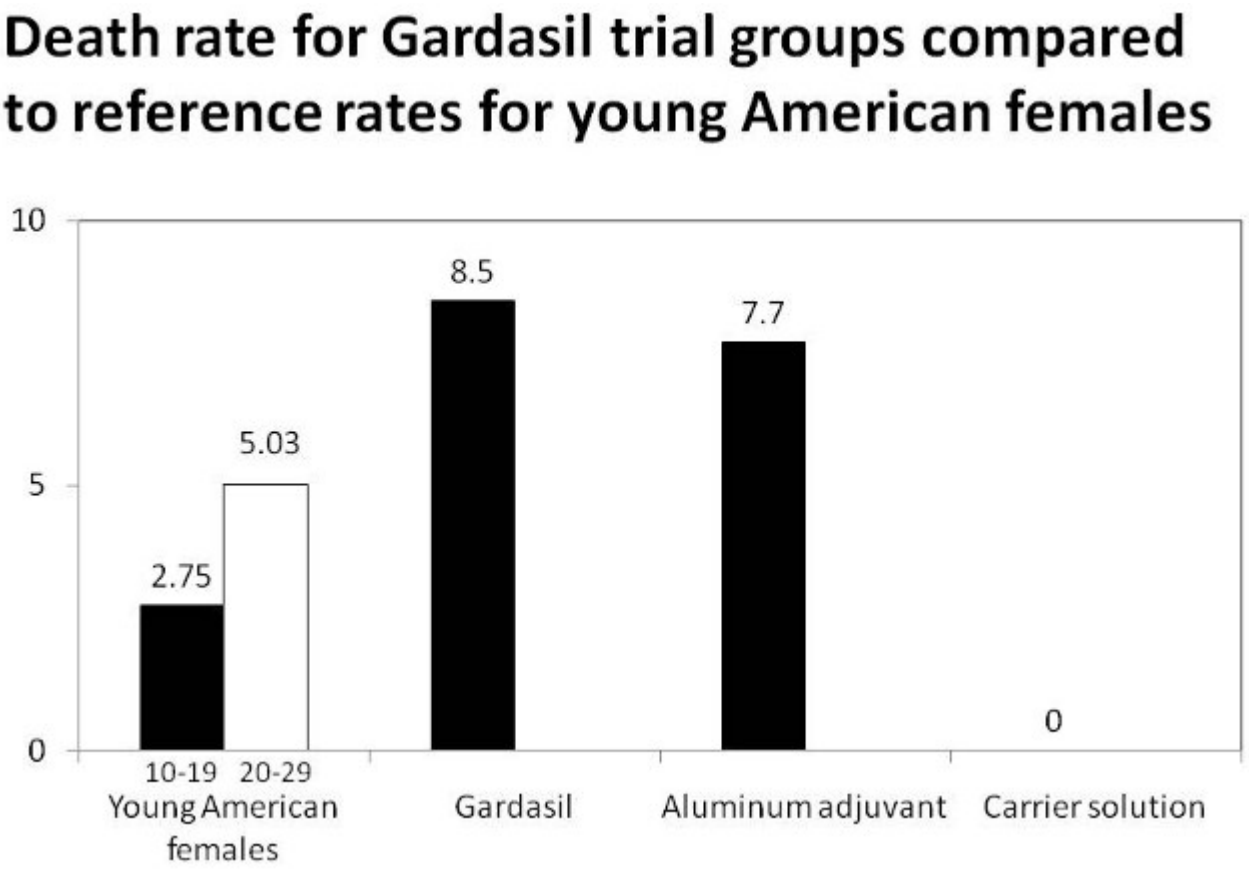
"CBER did not convene an Advisory Committee meeting to discuss licensure of GARDASIL 9. Information submitted in this BLA did not raise significant concerns or controversial issues that would have benefitted from discussion with an

Advisory Committee."

Merck decided that GARDASIL 9 safety could be *inferred* from GARDASIL safety data. They wrote:

"[the]….Safety of GARDASIL9 in individuals 27 through 45 years of age is inferred from the safety data of GARDASIL in individuals 9 through 45 years of age and GARDASIL9 in individuals 9 through 26 years of age."

While this was apparently good enough for CBER approval it seems a bit odd. GARDASIL 9 more than doubled the aluminium adjuvant from 225 micro grams to 500 per dose. Given that there are more than 2000 published paper on aluminium toxicity in humans on PubMed alone this decision is strange. Especially seeing as the serious adverse events for GARDASIL 9 were also notable.



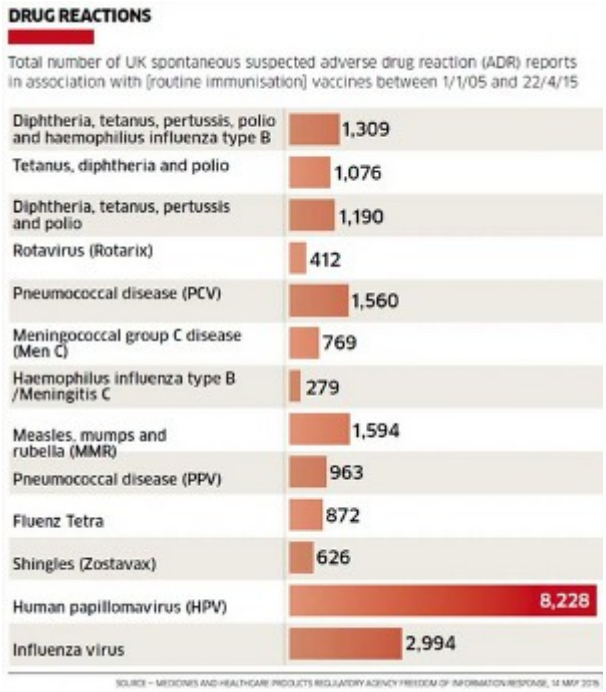
Merck trial test results

A serious adverse event (SAE) is defined by the FDA. It is an event which either

leads to death or is life-threatening, one that requires hospitalization or causes disability or permanent damage, leads to congenital abnormality/birth defect or the necessity to medically intervene to prevent permanent impairment.

In Merck's trials for GARDASIL 9 the SAE rate was 2.3% (1/43.5), slightly better than the 2.5% for the original GARDASIL. To put this into context, for vaccinated young girls in developed nations this suggests the risk of SAE is approximately 359 times higher than their life time risk of developing cervical cancer without the vaccine. However, Merck only assessed the SAE risk for a 14 day period following vaccination. Therefore, it is safe to assume the actual SAE risk is higher than 2.3%.

What's worse is that the original GARDASIL trials, which the CBER thought were fine to apply to GARDASIL 9, showed that for sexually active adult women, already exposed to HPV prior to vaccination, inoculation increased their cervical cancer risk by 44.6%.



MHRA ADR statistics for various vaccines

The HPV vaccine appears to be particularly problematic. According to the UK's Medical Healthcare Products Regulatory Agency (MHRA) between 2005 and 2015 the vaccine adverse drug reactions (ADR's) were of a magnitude greater than for

other vaccines. Researchers from the Mexican National Institute of Cardiology, generously referring to the Merck trials as *"randomised,"* stated:

"Serious adverse event signals were already present in the largest randomised trials of HPV vaccines. These signals were ignored or minimised."

So perhaps it isn't surprising that families across the developed world are describing appalling reactions to HPV vaccines. Within days or even hours of inoculations hundreds of thousands of girls have reported a range of complication. Immediate reactions include sudden collapse and unconsciousness, seizures, muscle pain and weakness, chronic fatigue, facial paralysis and brain inflammation. Longer term effects have been reported as rheumatoid arthritis, lupus, blood clots, premature ovarian failure, optic neuritis, multiple sclerosis, strokes, heart failure and death.

From Ireland to India, France to Japan, the U.S. UK and everywhere where the HPV vaccine has been administered, there are thousands of surviving young women, and parents of the deceased, fighting for compensation and recognition of the problem. On the whole they are attacked as fantasist, liars or child abusing *anti vaxxers*. Though of course they aren't *anti vaxxers* because they all trusted the science and chose to be vaccinated.

In reality, as averse to MSM land, senior medical experts, including those running the trials, have raised numerous concerns about the HPV vaccine. Dr. Stephanie Seneff, a senior research scientist at MIT, made a comparative analysis of adverse reactions for GARDASIL against those of other vaccines. She concluded:

"There is no way that the the risk benefit ratio comes out in favour of benefit. Particularly where they have not demonstrated that it actually protects from cervical cancer."

Dr Diane Harper is a consultant who worked for both Merck and GlaxoSmithKline and was involved in the clinical trials. As a principle trial investigator, her role was to bring researchers together, recruit trial participants, monitor subject's health and collect specimens. Her criticism are extensive. Speaking in 2010 she said:

"If the vaccinated person is not sexually active during the five years of its efficacy [by age 16 – 17], then the vaccine has not protected her from disease as we do not have evidence that Gardasil offers efficacy any longer than five years.....Pap smears have never killed anyone. Pap smears are an effective screening tool to prevent cervical cancer. Pap smears alone prevent more cervical cancers than can the vaccines alone.....Gardasil is associated with serious adverse events, including death. If Gardasil is given to 11 year olds, and the vaccine does not last at least fifteen years, then there is no benefit – and only risk."

[Note: Bracketed text added]

Another Merck physician, Dr. Bernard Dalbergue was interviewed in 2014 by the French health magazine Principes de Santé. His comments were not reported by any English speaking MSM outlets. You can read his original french interview here. During that interview he said:

"The full extent of the Gardasil scandal needs to be assessed: everyone knew when this vaccine was released on the American market that it would prove to be worthless! Gardasil is useless and costs a fortune! In addition, decision-makers at all levels are aware of it! I predict that Gardasil will become the greatest medical scandal of all times because at some point in time, the evidence will add up to prove that this vaccine.....has absolutely no effect on cervical cancer and that all the very many adverse effects which destroy lives and even kill, [it] serve no other purpose than to generate profit for the manufacturers. There is far too much financial interest for these medicines to be withdrawn."

[Note: Bracketed text added]

If you read the MSM for information on vaccines you will be told that they all save lives, are all perfectly safe and only *stupid anti vaxxers* ever question them. As ever, I urge you to follow the links in these articles, check the evidence, do your own research and make up your own mind. Only then can you decide if MSM claims are plausible.

The MSM are trying to convince you that hundreds of thousands of women across the world are all making up health problems at the same time. Do you think that is plausible?

Reporting Nonsense

What is certainly implausible is any claim the official U.S. vaccine injury statistics are a reflection of reality. Indeed, you may wonder why the CDC & FDA bother maintaining the Vaccine Adverse Event Reporting System (VAERS) at all. When VAERS does show vaccine injury or death it is normally discarded as meaningless.

IDSA
INFECTIOUS DISEASES SOCIETY OF AMERICA

A 2015 investigation by the Infectious Disease Society of America (IDSA) looked at

deaths reported to VAERS between 1997 – 2013. Of the 2149 deaths reported nearly 70% (approximately 1500) were children. Just over half of the associated deaths followed the influenza vaccine. Nearly 80% of the children who died (1200) had received one or more vaccines on the day they died. Of those child deaths nearly 55% (825) were attributed to Sudden Infant Death Syndrome (SIDS). Having analysed these statistics the IDSA concluded:

"No concerning pattern was noted among death reports submitted to VAERS during 1997–2013. The main causes of death were consistent with the most common causes of death in the US population."

This finding is inexplicable given that child deaths don't usually account for 70% of U.S. mortality. The IDSA, who like the CDC and FDA are beneficiaries of their own IDSA Foundation, enjoy the financial support of Gilead Sciences, Johnson & Johnson (via their owned subsidiary Janssen), who are currently researching a universal flue vaccine, and Pfizer who also make flu vaccines.

SIDS is an unusual cause of death, mainly because there is no medical evidence defining what it is. The UK NHS describe it as, *"the sudden, unexpected and unexplained death of an apparently healthy baby."* In other words, no one has any idea why the infant died. As a cause of death the coroner may as well write *"died"* on the death certificate.

According to the IDSA's 2015 study of VAERS, approximately 825 otherwise healthy U.S. children just *'died'* either on the day they were vaccinated or very shortly thereafter. No one can possibly figure out why, because vaccines obviously have nothing whatsoever to do with it.

Upon his appointment as director of the Emory Vaccine Center in 2011, the former Deputy Director for the Bill & Melinda Gates Foundation Immunization Programs and Director of the U.S. Immunisation Program for the CDC Dr. Walter Orenstein co authored a CDC report discussing the CDC's Morbidity and Mortality Weekly Report (MMWR). In reference to VAERS he and his colleagues wrote:

"Approximately 30,000 such reports are received each year. VAERS reports describe a temporal association and cannot prove causal relationships. CDC and

others have developed additional systems to permit investigation of causality. Premier among these is the Vaccine Safety Datalink"

The Emory Vaccine Center were recently joint beneficiary of an estimated $200 million grant from the U.S. National Institute of Health (NIH), via the Georgia Research Alliance (GRA), to develop the next generation of flu vaccines.

Dr. Orenstein

The grants were awarded by the NIH's Collaborative Influenza Vaccine Innovation Centers (CIVIC's), a program of their National Institute of Allergies and Infectious Diseases (NIAID). The NIH funding partners include many of the leading vaccine manufacturers. GlaxoSmithKline, Merck, Pfizer, Sanofi are all behind their efforts. As is the Biotechnology Innovation Organisation (BIO) who represent 1,100 biotech companies operating in the U.S. and are the largest biotechnology trade organisation in the world.

It is notable that Dr Orenstein puts such faith in the Vaccine Safety Datalink (VSD) as evidence of causality. When he chaired the Simpsonwood Retreat meeting he didn't seem so convinced:

"Analysis to date raise some concerns of a possible dose response effect of increasing levels of methylmercury in vaccines and certain neurologic diagnoses"

Dr. Orenstein knew in 1999 the Thimerosal vaccine adjuvant was a risk and was

part of the committee who suppressed these findings. He was also Director of the CDC Immunisation Program when they declared Thimerosal to be perfectly safe following their cherry picking of 6 dubious studies. Had they looked at others, perhaps they would have come to a different conclusion.

For example, scientists from the Department of Neurosurgery at the Austin Methodist Hospital found that Thimerosal ethyl Mercury compounds caused DNA and Mitochondrial damage. Similarly in 2015 a team of research scientists reviewed numerous peer reviewed papers on the effect of Thimerosal. They concluded:

"The culmination of the research that examines the effects of Thimerosal in humans indicates that it is a poison at minute levels with a plethora of deleterious consequences, even at the levels currently administered in vaccines."

However, none of the review studies were funded by the vaccine manufacturers. This may explain why the CDC have no knowledge of serious Thimerosal risks.

Even when adverse reactions are reported via the VAERS system, as far as the CDC and FDA, and other pharmaceutical corporation funded bodies like the IDSA, are concerned they are meaningless anyway. Completely ignoring the VAERS is probably wise from a business model perspective.

In 1994 the National Academy of Medicine (NAM – then called the Institute of Medicine) issued a report to the CDC which, in relation to VAERS, they noted, *"The lack of adequate data regarding many of the adverse events under study was of major concern to the committee."* The CDC and the FDA seemingly did nothing and the NAM wrote another report 17 years later saying the same thing. The reporting was inadequate.

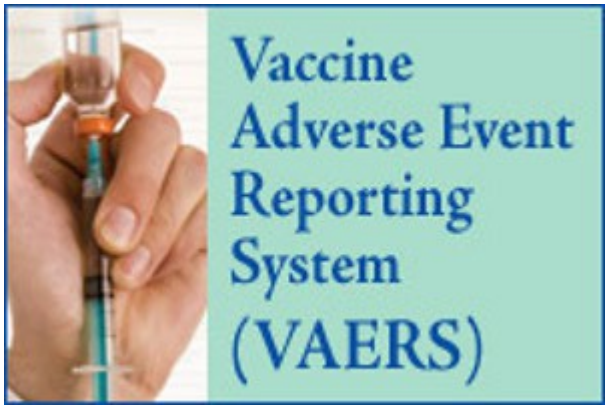
Clearly VAERS failings were well known. In 2011 the U.S. Department of Health and Human Services (HHS) commissioned Harvard Medical School to look at ways of improving VAERS. Instead of relying upon parents, many of whom didn't know of VAERS existence, or reports from paediatricians, uncertain about what does or does not constitute a vaccine adverse reaction, the Harvard team developed an automated *'active'* VAERS system.

This monitored patients health care diagnostic codes, laboratory tests, and

medication prescriptions for 30 days following vaccination. These statistics were then evaluated for values suggestive of an adverse event.

The Harvard team ran a large scale comparative cohort study. They monitored 715,000 patients in total with 376,452 given 1.4 million doses of 45 different vaccines. A total of 35,570 possible adverse reactions were identified. This indicated that approximately 2.6% (2600/100,000) of vaccinations prompted possible adverse reaction. The Harvard researches stated in their report:

"Adverse events from drugs and vaccines are common, but underreported……fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of 'problem' drugs and vaccines that endanger public health."



Having completed the work, identified the VAERS problems and, to a great extent, rectified them, the Harvard team then made numerous attempts to work with the CDC to put the improved system into place. The CDC responded to the eminently qualified Harvard academics by blanking them. They chronicled this in their report:

"Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation."

According to the CDC , content to continue ignoring a reporting system they know doesn't reflect the true scale of vaccine harm, approximately 30,000 VAERS reports are filed each year. If the Harvard Medical School are correct this could be

closer to 3 million. This is highly speculative, but what can be said is that VAERS massively underreports vaccine harm and official U.S. vaccine safety statistics are practically meaningless.

VAERS is the only way U.S. parents of vaccine injured children can report vaccine harm to the CDC. The CDC don't consider this evidence of anything at all. They prefer to rely upon the opinion of the Advisory Committee on Immunization Practices (ACIP). ACIP draw data from the Vaccine Safety Datalink (VSD). The evidence shows, when the VSD provides evidence of vaccine harm ACIP are instrumental in burying it.

How Are Vaccines Licensed For Use?

U.S. Congress passed the 1980 Bayh-Dole Act enabling National Institute of Health (NIH) funded university research to generate profits by licensing their product to private corporations. As the largest single sponsor in biological research in the world, the U.S. Department of Health and Human Services (HHS) created its Public Private Partnership (PPP). They established the NIAID Partnership with PPP in 2007 to recoup some of this considerable HHS investment. The stated aim is:

"….to establish collaborations with diverse organizations to develop new drugs, vaccines, and diagnostics for neglected diseases. Such ventures include multiple partners and help to obtain funds and resources from public-sector agencies, philanthropic organizations, and others."

Consequently the HHS hold numerous vaccine and vaccine technology patents. As a subdivision of the HHS, the NIH invests in research and development which frequently has commercial value. When the NIH funded R&D finds something potentially profitable the HHS patent it. The NIH's Office of Technology Transfer (OTT) then grants commercial licenses for the HHS patents to its corporate partners.

NIH director Dr. Elias Zerhouni (l) presents an honorary poster to Dr. Douglas Lowy (c) for his lecture,

For example, Dr. Douglas Lowy was funded by the NIH to research and develop HPV virus-like particles (VLP). The HHS patented the VLP technology and the OTT licensed it to Merck and GlaxoSmithKline. Without the VLP technology Merck wouldn't have been able to develop the HPV vaccine GARDASIL, nor GSK CERVARIX. In the February 2007 issue of their newsletter the NIH state:

"Perhaps no other recent product on the market demonstrates successful health care technology transfer better than the human papillomavirus (HPV) vaccine, Gardasil, produced by Merck & Co. and approved by the FDA in June 2006."

This licensing of vaccine R&D and the patenting of products produced by it, creates a huge financial conflict of interests at the heart of the U.S. vaccine regulatory system. The federal regulatory authorities, who license vaccines, also stand to profit from them. Perhaps most notably from GARDASIL. As long as the U.S. FDA CBER say a vaccine is safe, as they did for GARDASIL in 2006, then the OTT receives its share of the profits.

In 2018 the pharmaceutical corporations spent a conservatively estimated $281 million lobbying the U.S. politicians who are supposed to oversee the legislation which regulates their industry. Making pharmaceuticals the most powerful lobbying industry by a considerable margin.

The FDA, just like the CDC, receive funding from the pharmaceutical corporations. However, in the case of the FDA, that funding is more comprehensive.

In theory the FDA is supposed to be a government agency with *'independent'* regulatory oversight of drug safety in the U.S. However, more than 45% of the FDA's entire budget is provided by pharmaceutical corporations.

In 1992 U.S Congress enacted the Prescription Drug User Fee Act (PDUFA.) This meant the pharmaceutical corporations paid a *user fee* for new drug applications (NDA's.) These are now referred to as Investigative New Drug applications (IND's). Over the years the cost of the IND's has increased significantly. Today the FDA state:

"Human Drugs regulatory activities account for 33 percent of FDA's budget; 65 percent of these activities are paid for by industry user fees."

Not only are the FDA a division of the HHS, who profit from licensed vaccine R&D, they are themselves largely reliant upon direct funding from the pharmaceutical corporations they *'regulate.'* Just like the CDC.

The FDA base their licensing decisions upon data handed to them by the vaccine manufacturer. Based upon whatever the manufacturer chooses to disclose, the FDA then design prescribing and usage information, dosage guidance, a list of known contraindications (supposedly ADR's and SAE's), and general packaging advice. This is then handed to the CDC's Advisory Committee on Immunization Practices (ACIP) who approve the labeling. Before distributing the vaccine to the public, the CDC undertake economic analysis to decide if the cost of the vaccine offers value for money against the healthcare costs of the disease it is supposed

to prevent. Whether or not they take generated OTT profits into consideration isn't clear.

The whole system of vaccine research & development, trials, approval, regulation, monitoring, study publication, distribution and inoculation is awash with pharmaceutical corporation money. Not only do they invest heavily in lobbying decision makers, they directly fund the state regulators who supposedly have oversight of their industry. To all intense purposes, vaccine manufacturers regulate themselves. Further, the state is an active business partner of *"Big Pharma"* and all involved are immune from prosecution.

Conclusion

For some vaccines the statistical analysis and collection of vaccine harm data is poor; the studies which demonstrate vaccine efficacy lack concordance; vaccine studies published in so called prestigious publications are often biased and poorly evidenced, ensuring professionals are broadly misled; the evidence demonstrating both vaccine efficacy and safety are skewed by clear financial conflicts of interest and industry funding; there is a significant body of scientific, medical and statistical evidence to indicate serious vaccine safety concerns; the licensing of vaccines is controlled by the vaccine manufacturers and they, along with healthcare providers and regulators, have nothing to fear from prosecution no matter what harm they cause.

There are solid reasons to insist upon the use of the precautionary principle for vaccines, particularly in regard to the rapid growth of the vaccine schedule. It is against this background that anyone who questions vaccines is labelled an *anti-vaxxer.* The media created hysteria built upon this persecution is being used to push calls for mandatory vaccination across the West. Currently this appears to be for the benefit of multinational pharmaceutical corporations and venture capitalists who eagerly anticipate significant market growth.

You can call people *anti-vaxxer's* if you wish. However, unless you have sufficient evidence to discount the concerns raised in this series of articles, and extensively elsewhere, those you label *anti-vaxxer's* have grounds to doubt your opinion and

awareness of the evidence. If you support mandatory vaccination for all, and simply accept everything the media and the state tell you about vaccines then, frankly, it isn't those you accuse of being *anti-vaxxers* who have taken leave of their senses.

Chapter 5

We are told that to question vaccines makes you a baby killer. Quite often this baseless alarmism pumped out by the MSM is littered with disinformation. For example in the recent Mirror article published by the anonymous FleetStreetFox (Susie Boniface) she, or her editors, provided us with this distressing image.

The article calls for any who refuse to vaccinate their child to be imprisoned for 'child abuse' and decries 'the spread of anti-vax propaganda.' Which is ironic because the headline image, chosen to drive this critical message into your consciousness, is pure propaganda of the very silliest and sickest kind.

If you question which way the photo-shopping went consider if it is likely a medical professional would handle an infectious baby without gloves.

Elsewhere we read about the 'disgraced' Dr Andrew Wakefield who made 'bogus claims' about the measles vaccine in 1995. Other than the fact that FleetStreetFox has got both the year and the type of vaccine wrong, she is right about the disgraced part. Though, given her inability to report even basic facts accurately, and her apparent reliance upon photo-shopped images to support her serious analysis, we might question the veracity of some other statements in her diatribe.

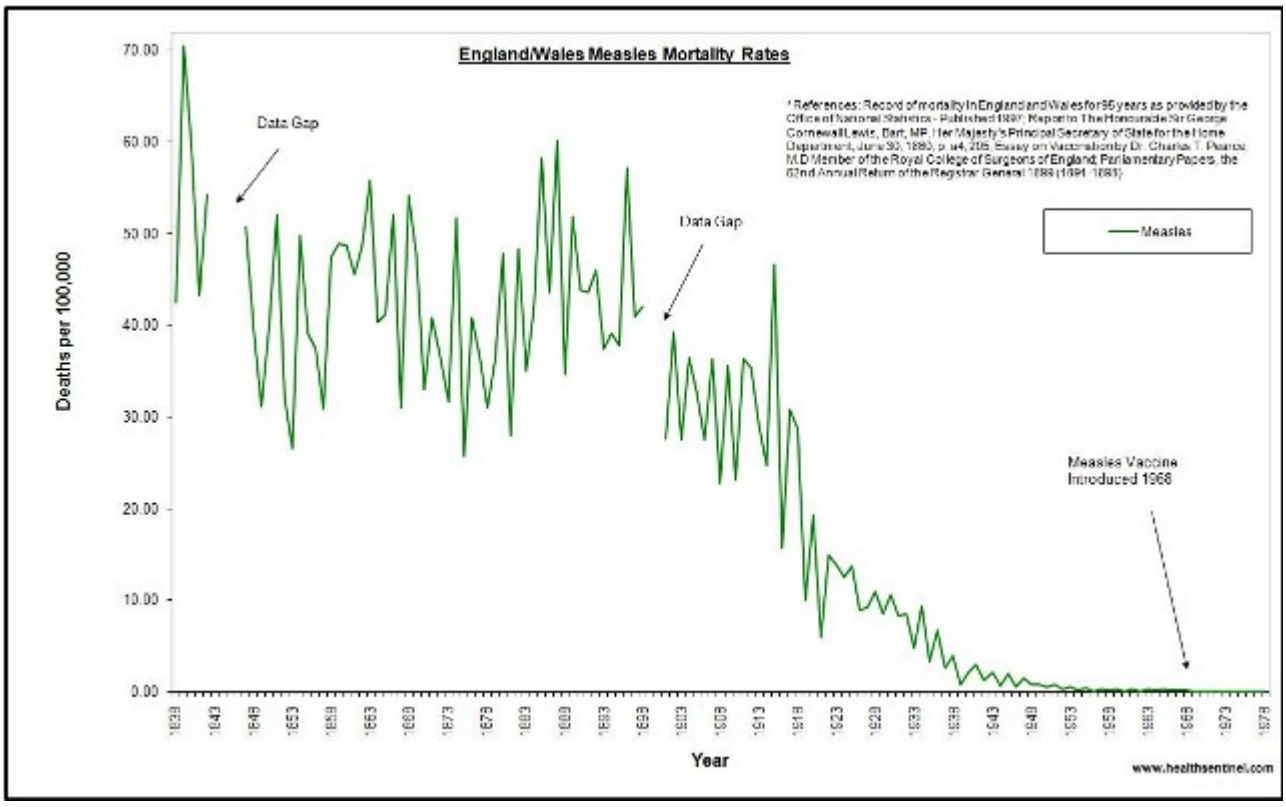
I've explored some of the evidence which does raise questions about both the efficacy and safety of some vaccines. As a person who is not medically qualified I am certainly not advising anyone to avoid vaccination. Presumably 'FleetStreetFox' isn't a doctor either, yet she is seemingly content to dish out medical advice.

Everyone deserves an opportunity to be informed. So we will look at the evisceration of Dr Wakefield, not particularly for the evidence he highlighted, which has been more thoroughly explored by others, but because it reveals the reason why the vaccine debate has become little more than an adversarial 'slanging match.'

Whenever you mention any concerns about possible vaccine safety the Wakefield case is immediately thrown in your face as 'proof' that such apprehensions are baseless. For millions, the story of Dr Wakefield is about as far as their knowledge goes on vaccines. This is understandable as it is constantly reinforced by the mainstream media (MSM.) For most people it is the episode which defines

the stupidity of the 'anti-vaxxers.'

I recommend that everyone looks at his case in detail. Because, if you do, Wakefield's professional assassination actually demonstrates one of the main reasons why we should perhaps be more sceptical about vaccines.



The eradication of measles due to vaccines is a common claim. However, that is not what the data necessarily demonstrates.

We are currently in a situation where the state is rapidly moving towards compulsory vaccination virtually unchallenged. It enjoys the overwhelming support of the population it intends to forcibly inject, because they think the Wakefield debacle tells them everything they need to know about the 'anti-vaxxers' who are imploring them to wake up. The science is beyond question. All vaccines are all equally brilliant and anyone who questions the certain science is an idiot. Pointing out that certainty is the antithesis of the scientific method just shows what a dingbat 'anti-vaxxer' you are. Consequently, the projected corporate profit growth is mind bending.

Understanding how Dr Wakefield was publicly humiliated and destroyed should

raise significant questions for any capable of critical thought. In 1998 Dr Andrew Wakefield, a Fellow of the Royal College of Surgeons, was one of three leaders of a case series study which was published in the British medical journal the Lancet. Case series studies are called for when it is suspected a group of patients had a near uniform but unexpected response to treatment. They are a specific type of study and do not require control groups nor a double blind approach to research, prior to publication.

In this case series the question was why, following an MMR vaccination, did these children all show symptoms of severe gastrointestinal problems and thereafter developmental delays. The study indicated that the children had severe digestive system damage and possible mitochondrial dysfunction.

Of the twelve children studied, all of whom had been diagnosed with either Autistic Spectrum Disorder (ASD,) encephalitis or full Autism, eight first exhibited bowel symptoms within two weeks of receiving the MMR vaccine, with three showing an almost instant reaction. Of the other four, three developed symptoms within two months. All had demonstrated normal development prior to receiving the vaccine. Two of the children experienced other medical problems, causing some developmental delays, which were corrected before both resumed normal development, prior to vaccination.

The ‘anti-vaxxer’ is nothing knew. Following the 1867 Vaccination Act the people of Leicester rioted after the smallpox death rate went up following compulsory vaccination.

Dr Wakefield’s and his team were looking specifically at the children’s gastrointestinal symptoms. They found what they suspected was a previously unknown disorder which they hypothesised, could be linked to ASD and Autism. Given the reason for the case series study, it would have been nonsensical for Dr Wakefield to have reported the results without mentioning the MMR vaccine. Some of the children’s parents were angered when Dr Wakefield concluded there was no proof of a link and further investigation was required. He stated:

“We did not prove an association between measles, mumps, and rubella vaccine and the syndrome described. Virological studies are underway that may help to resolve this issue.”

Dr Wakefield did not claim that ASD, encephalitis or Autism were caused by the MMR vaccine. Quite the opposite, he stated the study did not prove any link.

However, as part of his previous research, Dr Wakefield made a detailed review of the MMR safety studies. He concluded they were inadequate, especially in comparison to the safety studies carried out for the individual measles, mumps and rubella vaccines. Therefore, in light of both the Lancet case series study and his separate review of the medical literature, Dr Wakefield stated the following:

"We have identified a chronic enterocolitis in children that may be related to neuropsychiatric dysfunction. In most cases, onset of symptoms was after measles, mumps, and rubella immunisation. Further investigations are needed to examine this syndrome and its possible relation to this vaccine."

Something rarely mentioned, and certainly never by the MSM, about Dr Wakefield's findings in relation to his separate review of the MMR vaccine safety studies is that they were fully corroborated by the leading systemic scientific review journal the Cochrane Review who stated:

"The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate. The evidence of adverse events following immunisation with the MMR vaccine cannot be separated from its role in preventing the target diseases."

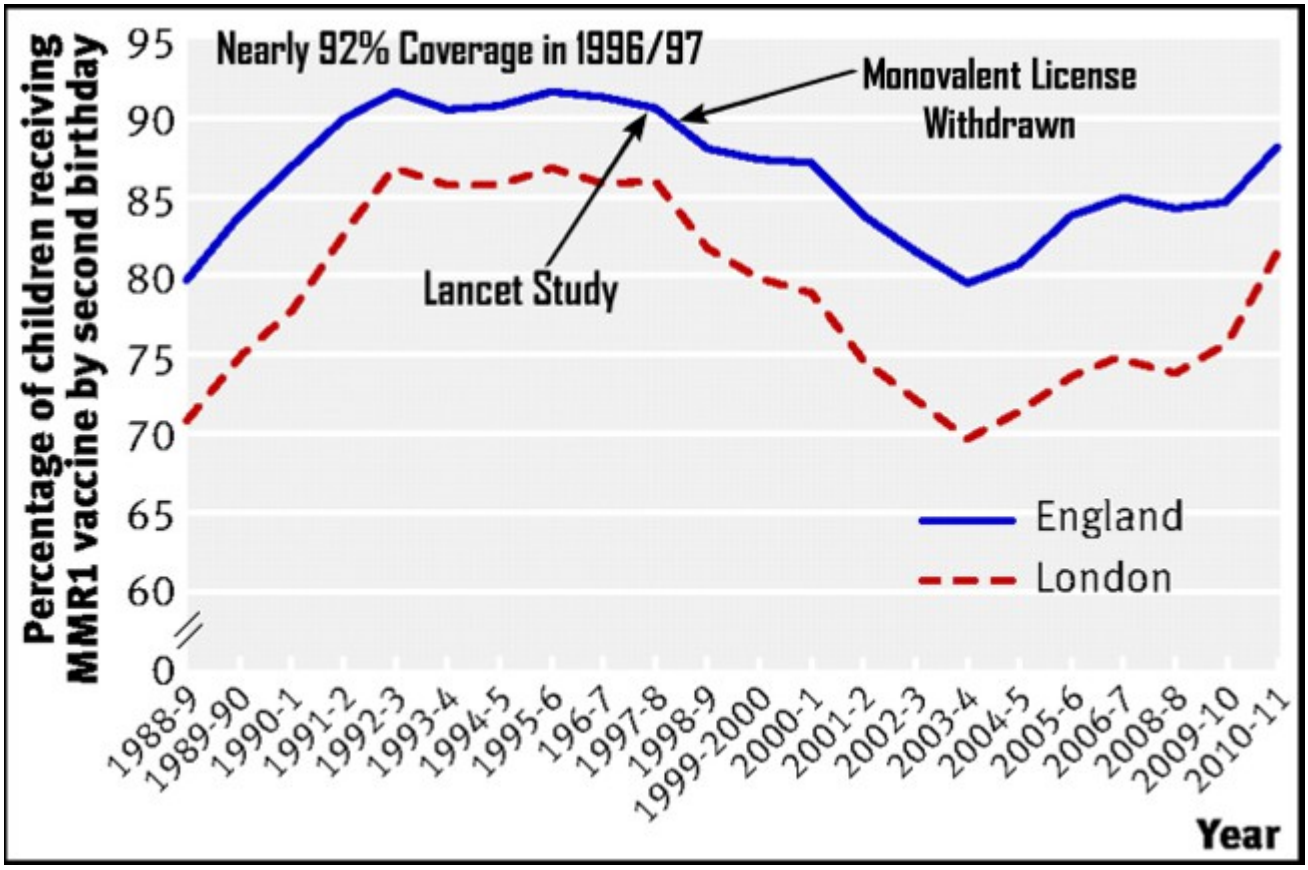
When Dr Wakefield released the Lancet study, in February 1998, parents could choose to opt for the individual or 'monovalent' vaccines in preference of the combined MMR. This had become an increasingly popular choice since 1992 when the previous MMR vaccine Pluserix was withdrawn after it was found it could cause aseptic meningitis. In 1998 Dr Wakefield recommended only that parents continued to be offered the choice. He had made this abundantly clear to the then UK Health Minister, Tessa Jowell and the UK Chief Medical Officer, Sir Kenneth Calman, in a private meeting in October 1997.

Never, at any stage, did he recommend parents avoid vaccinating their child. Many took his suggested preferable alternative of the monovalent vaccine and their children were vaccinated, as normal, just not with the MMR.

It therefore seemed odd to many why, in September 1998, as MSM driven fears rose, the UK Government decided to withhold the import license for the monovalent vaccines. MMR vaccine rates were already in decline prior to the

release of Dr Wakefield's findings but overall coverage remained quite high, as parents opted for the single vaccines. However, when the UK State withheld the monovalent licenses, denying parental choice, not only did MMR uptake decrease more sharply it ended any possibility of children receiving the alternative.

SmithKline Beecham's (SKB) new MMR vaccine Priorix coincidentally came on to the market in 1998. SKB became GlaxoSmithKline (GSK) two years later.



Consequently overall infant measles vaccination rates dropped from nearly 92% in 1996/7 to its lowest level of 79% in 2003/4. If the UK state had any concern at all for the welfare of British children they would not have withdrawn the monovalent licenses. Their decision was obviously not based upon any consideration for child infection rates. The sharp decrease in overall measles protection for British children started only after the government decided not to offer the monovalent option. Many parents were never going to opt for the MMR, because the Urabe strain variant had already been proven to give children brain

damage, but they were content to use the monovalent, seemingly safer alternatives.

Wakefield was simply the patsy, blamed for the decline, while the population were forcibly transitioned onto accepting the new MMR vaccine. The fact that he never, at any stage, said there was a proven link between MMR and Autism was ignored completely.

The obliteration of Dr Andrew Wakefield's reputation and career is an object lesson in how this feudalistic system actually works. Almost immediately the MSM started making false statements. 'Fake news' in other words. In February 1998 the BBC made the following claim "Child Vaccine Linked To Autism" The Independent wrote " Doctors Link Autism To MMR Vaccination." Virtually the entire MSM wrote and broadcast similar headlines, declaring a link between the MMR vaccine and Autism. A link which Dr Wakefield specifically stated was unproven.

He acted with honesty and integrity throughout. His destruction largely, but certainly not exclusively, came from the 'award winning' investigative journalism of Brian Deer. Deer apparently used the private investigative firm Medico Legal Investigations to uncover the 'evidence' to expose Dr Wakefield. Medico Legal Investigations are almost exclusively funded by the Association of the British Pharmaceutical Industry (ABPI). ABPI is an immensely wealthy lobby group for Big Pharma.

Deer has strenuously denied this but there seems little doubt. In their own publication MLI stated:

"The extraordinary tale of the problems found in the paper by Dr Andrew Wakefield (as published in the Lancet) concerning MMR and autism were shared with MLI in strict confidence whilst Brian Deer's fine piece of investigative journalism was underway. We were asked to advise on matters that were clearly quite alarming."

Brian Deer – Award winning investigative journalist.

Deer worked for Rupert Murdoch's News International empire. His 'freelance' work has allowed some to claim he was not associated with News International. So presumably he wasn't paid for his work which was almost exclusively published by the Sunday Times managed by James Murdoch. The Murdoch family is heavily invested in vaccine development. They run the Murdoch Children's Research Institute which receives considerable funding from GSK, of which they are major shareholders.

In 2009 James Murdoch became a non-executive director on the Board of GSK who manufactured and profited from the Priorix MMR vaccine. Deer not only 'uncovered' the evidence to destroy Wakefield, he brought the case against him to the General Medical Council and then reported his interpretation of those proceeding to the British public and the rest of the world. This clear conflict of interest in Deer's so called 'journalism' was never questioned throughout his long running, single minded destruction of Dr Wakefield.

I reference the Andrew Wakefield Wikipedia page here because it more or less describes the narrative we have all been told to unquestioningly accept. It reads as follows:

"He [Dr Wakefield] *was a gastroenterologist until he was struck off the UK medical register for unethical behaviour, misconduct and dishonesty for authoring a fraudulent research paper that claimed a link between the measles, mumps and rubella (MMR) vaccine and autism and bowel disease."*

So firstly we note the lie that Dr Wakefield claimed a link between the MMR vaccine and Autism. He did no such thing. He merely recommended further research and the continued use of the monovalent vaccine, in the meantime, while further study could be undertaken into the possible MMR risks. Which wouldn't have been the first time such risks had emerged.

It is true that he was struck off for unethical behaviour in 2010 by the UK's General Medical Council (GMC.) Claims that he was unfit to practice all originated from Brian Deer, who, at the time, was working for the GSK's board member who had the specific remit for 'corporate responsibility.'

The allegation of unethical behaviour, which Deer 'uncovered' and reported to the GMC, alleged that Wakefield didn't disclose the fact that he had been paid by the legal team representing some of the children's families in a group action law suit against the vaccine manufacturer. Specifically Beer alleged that this undermined the Lancet study, because it was a clear conflict of interest which Wakefield didn't disclose to the Lancet before they published. This was all absurd tripe that Deer seemingly 'made up' while he fastidiously didn't disclose his own enormous conflict of interest.


THE SUNDAY TIMES

Whining Jacko

Mighty Penn

Cut it out

Revealed: MMR research scandal

ST investigation exposes scientist's 'fatal' conflict of interest

Da troof!

The slight problem with Deer's fantasy was that he appeared to be conflating two distinctly separate studies. In 1996 Wakefield met with and agreed to be an expert witness for a class action lawsuit brought by some of the parents legal

team. We might indeed question if medical experts should be paid by law firms as expert witnesses. Does this represent a clear conflict of interest, perhaps so?

However, it is extremely common practice and the pharmaceutical industry pay whole teams of such 'medical expert witnesses' vast sums to 'represent' them in court. For example another harsh critic of Dr Wakefield's was Dr Paul Offit, who even wrote a book (of sorts) vilifying his fellow professional researcher. Not only has Offit been paid by Merck, and others, to represent them in court he is actually a patent holder for the Merck licensed rotavirus vaccine Rotateq. That he sat on the Center for Disease Control and Prevention (CDC) advisory panel during their oversight of the clinical trials of his own vaccine and then inaccurately and incorrectly criticised Wakefield for doing something far less contentious is stomach churning. Of course, Rotateq was approved by the CDC, with Offit's advice, and entered onto the U.S vaccine Schedule without any question at all.

The questionable activities of people like Offit are rarely, if ever, questioned by the MSM who destroyed Dr Wakefield. Clearly it wasn't because he was acting as an expert witness but rather that he was acting as an expert witness for the wrong side.

The notion that the Lancet study was funded by law firms was total bilge. The study was awarded £55,000 from the Legal Aid Board. This did raise concerns at the Royal Free Hampstead NHS Trust because the directors were concerned that a study, which could potentially lead to legal action against the NHS, was funded by Legal Aid. In response Dr Wakefield sent an email to the Chief Executive which stated:

"There are no preconditions to our grant. Furthermore, there is no intention whatsoever on behalf of the Legal Aid Board or its agent to take action against the National Health Service; it is against the manufacturers of vaccine that any future action will be taken if and when our studies indicate that is a valid strategy."

The allegation, made by Deer and others, that Dr Wakefield was being deliberately evasive or 'hiding' a financial conflict of interest was either the result of shoddy journalism or a lie. While Dr Wakefield was paid as an expert witness at other times, the clinical protocols for the entirely separate Lancet study had been written and created by Wakefield's colleague Professor John Walker-Smith.

It had been he, not Wakefield, who had selected the children for the case series study. Wakefield's role in the Lancet study was to collate and finalise the research for publication, he was not the clinical director.

Prof. Walker-Smith [Clinical Director]

Professor Walker-Smith, a renowned paediatric gastroenterologist and an esteemed scientific researcher, had "blanket ethical clearance" to conduct research. As the clinical director of the Lancet study ethical clearance was largely assured. The colonoscopies, lumbar punctures, MRI scans, and other invasive procedures were all ethically considered to be appropriate clinical indicators by Professor Walker-Smith. Dr Wakefield wanted further ethical clearance to carry out additional blood work and Professor Walker-Smith requested and received this additional clearance from the Ethical Practices Committee of the Royal Free School of Medicine in January 1997.

The Wikipedia entry, based mainly on Deer's evidence free accusations, states:

".....children with autism were subjected to unnecessary invasive medical procedures such as colonoscopies and lumbar punctures ..... Wakefield acted without the required ethical approval from an institutional review board."

This is a wholly inaccurate statement and is wrong in every single respect. Wakefield did not need ethical approval from the Institutional Review Board because he wasn't the clinical director. Professor Walker-Smith had ultimate ethical oversight of the Lancet study which he devolved to others, including

Wakefield, as necessary. However, Walker-Smith did have ethical approval, so the claim was false on that basis too.

Deer wasn't the only one, involved in Dr Wakefield's destruction, with unexplained memory lapses when it came to disclosing conflicts of interests. For example The British Medical Journal, often referenced as authoritative by many who accuse 'anti-vaxxers' of child abuse, also suffered financial amnesia. If we look at the Wikipedia page on Dr Wakefield we learn:

"In January 2011, an editorial accompanying an article by Brian Deer in BMJ described Wakefield's work as an elaborate fraud."

The British Medical Journal were syndicating articles, written by an employee of one of GSK's board members, without bothering to mention that relationship. Similarly they didn't mention that they were themselves financial partners of Merck who, like GSK, as manufacturers of the MMR vaccine 'MMRII,' had a lucrative incentive to discredit Dr Wakefield's published study.

In response to the complete and utter failure to disclose this vital and highly relevant conflict of interest, the BMJ's Editor in Chief Fiona Godlee said:

"We didn't declare these competing interests because it didn't occur to us to do so."

If Dr Wakefield had unethical conflicts of interest, which he didn't, I wonder if saying *"oh well, I forgot,"* would have worked for him. Somehow I doubt it.

Godlee – Not bovered.

Much has also been made of the Lancet's retraction of the 1998 study. Perhaps this was based upon their evaluation of the 'da science' but they too just couldn't remember who paid them. The Lancet received payment from the Merck subsidiary Univadis who proudly announced:

"Through a unique global medical literature service called Just Published, clinical specialists regiseterd on Univadis will receive free access to the full texts of recently published articles from the Lancet. This new service will be available on [the Univadis website].

We also learn from the Wikipedia page:

"In April 2010, Deer expanded on laboratory aspects of his findings in a report in the BMJ, recounting how normal clinical histopathology results (obtained from the Royal Free hospital) had been subjected to wholesale changes, from normal to abnormal, in the medical school and published in The Lancet."

At the risk of repeating myself this wasn't true either. Deer made these allegations after his previous unsubstantiated allegations had seen Dr Wakefield struck off the medical register by the GMC. Possibly emboldened by his success, he really went for it by trotting out more nonsense.

His claim that Dr Wakefield had made 'wholesale changes' were examined by microbiologist David Lewis. Dr Wakefield didn't even complete the histopathology reports. They were submitted by his pathologist colleagues Amar Dhillon and Andrew Anthony. Upon reviewing these original reports David Lewis concluded:

"I do not believe that Dr. Wakefield intentionally misinterpreted the grading sheets….. they suggest that he diagnosed "colitis" in a number of the children……..The grading sheets and other evidence in Wakefield's files clearly show that it is unreasonable to conclude, based on a comparison of the histological records, that Andrew Wakefield 'faked' a link between the MMR vaccine and autism."

Wikipedia also informs us:

"other researchers were unable to reproduce Wakefield's findings or confirm his

hypothesis of an association between the MMR vaccine and autism."

Remarkably this information is actually accurate, though misleading. Many of the Big Pharma funded follow up studies were 'unable' to find evidence of a possible link. Many others did.

For example in 2006 (before Wakefield's GMC hearing) U.S researchers found that bowel inflammation was possibly associated with children who went on to develop Autism. Again, like Wakefield, they stressed this did not prove MMR was associated to ASD, but they did corroborate the potential link between ASD and gastrointestinal problems, which was the core finding of the Lancet study. Similarly the American Society for Microbiology stated:

"Many children with autism have gastrointestinal (GI) disturbances that can complicate clinical management and contribute to behavioral problems.....Here we describe an association between high levels of intestinal, mucoepithelial-associated Sutterella species and GI disturbances in children with autism."

There are many more, which I discuss elsewhere, broadly supporting The Lancet study findings. The Wikipedia contributors must have just forgotten to mention them.

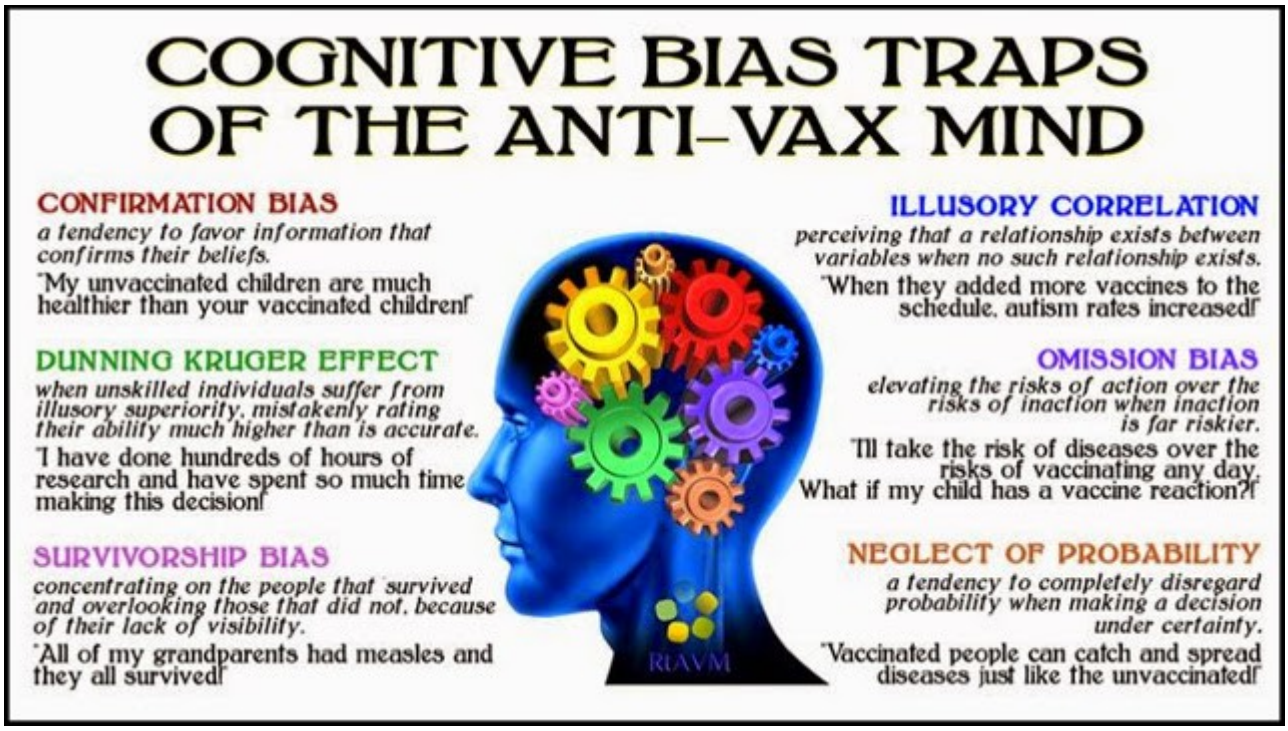
The other main allegation made by Deer, which the evidence roundly rebuts, was that Wakefield was intending to cash in on his own vaccine alternative to the MMR. The obvious point that this rather contradicts his prevailing narrative that Wakefield is an 'anti-vaxxer' appears to have eluded him. However, seeing as Wakefield was actually working on a vaccine follow up medication, the patent for which was held by the Royal Free Hospital, not Dr. Wakefield, this doesn't really matter because that claim wasn't true either.

However it did matter to the unfortunate Dr. Wakefield. It was Deer who launched the original complaint with the GMC that lead to him losing his medical license. Deer has flatly denied this, claiming it is all part of a smear campaign by loony 'anti-vaxxers.' You can view a copy of his original submission the GMC here.

Prior to Deer making the formal complaint, not a single person associated with the Lancet study had felt the need to report Dr Wakefield, or anyone else, to the

GMC. No one at the Royal Free, none of the parents nor any of his colleagues, even the Lancet found both his study and conduct perfectly acceptable. They didn't retract the study until after the GMC hearing decision. Only Deer, a journalist who worked for a GSK board member in cooperation with Big Pharma's private investigators, backed by their own industry lobby group, thought Wakefield needed to be made an example of.

Given how woeful his evidence was, it seems astounding that the GMC accepted his complaint, even more so that they thought it sufficient to strip Wakefield of his licence. However, perhaps the apparent fact that the Chairman of the GMC Fitness to Practice Panel, Dr. Surendra Kumar, was a GSK shareholder may have helped. Dr Kumar is also a prominent supporter of compulsory vaccination. It could boost his dividend no end.



The anti-vaxxer is, quite literally, insane. It's like a proper disorder. Massive financial corruption does not exist. It will all be fine.

Of all the disinformation and deception in the Wikipedia record of the official narrative, that everyone, other than stupid 'anti-vaxxers,' seemingly accepts without reservation, one stands head and shoulder above the rest.

"A British Administrative Court Justice noted in a related decision—There is now no respectable body of opinion which supports (Dr. Wakefield's) hypothesis, that MMR vaccine and autism/enterocolitis are causally linked".

Ignoring the fact the *'administrative court justice'* was basing his opinion only on the science he did know about, the cringing duplicity in this Wikipedia misinformation would make Smeagle baulk. That *'justice'* was Sir John Edward Mitting and the *'administrative court'* was the High Court of Justice In England. The High Court of Appeal overruled only by the Supreme Court. What this stunning propaganda piece in Wikipedia desperately doesn't mention is the vast bulk of his ruling. He completely exonerated the clinical director of the Lancet study Professor Walker-Smith.

In what can only be described as one of the worst GMC decisions in history, one clearly riven with highly questionable conflicts of interest, a strong whiff of corporate corruption and borderline criminality, GSK shareholder Surendra Kumar had also led the decision to strike off Professor Walker Smith. That was a mistake. Had he not, perhaps some could still legitimately claim reason to question Dr. Wakefield today. Given, Sir John Mitting's ruling they absolutely cannot.

He ruled that the GMC's decision demonstrated *"inadequate and superficial reasoning,"* they reached the *"wrong conclusions"* and added:

"The panel's determination cannot stand. I therefore quash it."

The clinical director of the Lancet study, for which Dr Andrew Wakefield lost his medical license, was not guilty of any scientific malpractice at all. As the lead of that study, it stands.

Therefore, the idea that Dr Andrew Wakefield was struck off for "*unethical behaviour, misconduct and dishonesty for authoring a fraudulent research paper that claimed a link between the measles, mumps and rubella (MMR) vaccine,"* is quite simply false.

His behaviour was provably ethical, he was neither dishonest nor engaged in any misconduct. The paper he published was not fraudulent and it made no claim that there was a proven link between ASD and the MMR. He was quite clearly

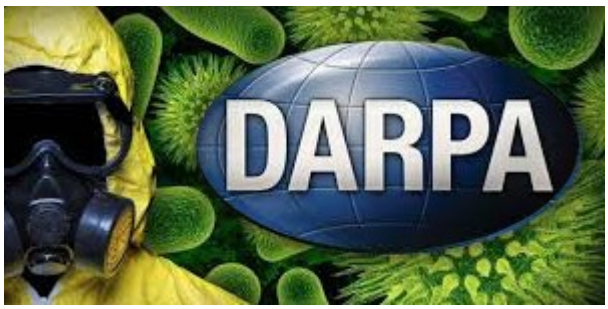
'struck off' because he had the bravery and ethical fortitude to question Big Pharma. It is clear that his colleagues urged caution and, in hindsight, rightly warned him not to even suggest the need for further research. Unlike Dr Wakefield, they had not reviewed the MMR vaccine safety studies to the same extent. So Dr Wakefield, genuinely concerned for the welfare of children, spoke out, urged caution and called for further research.

Of course Dr Wakefield was denied legal aid and was not represented at the High Court. Had he been, given all the other evidence we have explored here, it is practically beyond reasonable doubt that he too would have been exonerated.

But that was never going to be allowed. He is the sacrificial lamb and a stark warning to any scientist, medical practitioner or researcher who dares to challenge the corporate dictatorship. The MSM's annihilation of Dr. Wakefield served two purposes. Firstly to convince a misinformed public that any who suggest vaccines may not all be wonder drugs are 'evil' and also to put the fear of God into the scientific community.

Any doctor, researcher or scientists has to think long and hard before they ever consider going against the edicts of the pharmaceutical corporations. If they decide to rock the boat they do so knowing they will be publicly demolished by the court of the MSM. The state will then use that MSM created narrative and Big Pharma's bought and paid for research, to destroy their careers, reputations and livelihoods in court. The scientific evidence is irrelevant. They now know this because they stood by helpless and witnessed the destruction of some of their most respected and esteemed colleagues based upon nothing but smears and false allegations.

Any research department that stands up against Big Pharma risks financial ruin. Funding for independent research is miniscule compared to the billions invested by Big Pharma in academia. Corporations now invest more in biological and pharmaceutical R&D than governments. Traditionally major drug research has been funded via the state and philanthropic foundations. Especially in the early stages of development.



Dead keen on vaccines.

Many of these foundations, such as the Murdoch Children's Research Institute, are operated by individuals with major shareholdings in the pharmaceutical corporations. State funding too, often comes from surprising sources. For example the Defense Advanced Research Projects Agency (DARPA) have been major investors in pharmaceutical research, including vaccines.

Thanks to the ubiquitous promotion of the utterly incoherent Wakefield narrative, scientific researchers and medical professionals are well aware of the threat. Both to themselves and their employers.

Merck were forced to withdraw their arthritis control drug Vioxx after it was found to cause heart attacks. They settled a $4.85 billion law suit in the U.S and were being pursued by victims' families around the world. Emails were entered into evidence in the Australian Federal Court which revealed their corporate policy for dealing with medical professionals, or scientists, who dared to question their authority, threaten their profit margins or undermine 'public trust.' Merck created hit lists of professionals to be 'discredited' or 'neutralised.' For example one Merck executive wrote:

"We may need to seek them out and destroy them where they live."

This is why it is now impossible to have a sensible discussion about vaccine safety. The nexus between the pharmaceutical corporations (Big Pharma,) the mainstream media (MSM) and the state is designed to ensure the corporate hegemony of all health care. It is this corporate control mechanism which pollutes objective science, obfuscating and destroying any that threatens its business model. While science still produces the evidence, which brings some

vaccines into question, this is not reported by the MSM and is ignored by the state, who have a symbiotic relationship with Big Pharma.

The vast majority of people who are certain that all vaccines are safe have absolutely no idea at all about how this system works. They are predominantly the hapless victims of state run MSM disinformation. More concerned with the footy or the latest celebrity 'news,' they live in a cozy bubble where the state wraps its loving arms around them. They actually appear to believe that the state, which is an amalgam of profiteering corporations, corrupt officials, puppet politicians and a compromised judiciary, has their best interests at heart and would never knowingly harm them or their children. The naiveté in this puerile faith is staggering.

As Mark Twain allegedly observed, *"it is easier to fool people than it is to convince them that they have been fooled."* Consequently anyone who questions vaccine efficacy or safety has to accept the inevitable backlash. The state don't care and aren't really interested, they intend to compulsory vaccinate everyone no matter what. If it harms people, that's none of their concern.

The tragedy is that people, who rely solely on what they are told by their nanny state and its MSM propagandists, have been so easily convinced to accuse their fellow citizens, who are merely trying to alert them to a potential risk, of being 'child abusers.'

It seems the psychological risk is too great for many of these individuals to ever contemplate any suggestion that all is not as they have been indoctrinated to believe. Despite blatant corporate corruption at the very highest level, doing so could presumably shatter their fragile delusions, leaving them lost and bewildered in a frightening world they cannot face. This is called cognitive dissonance.

On the back of their ignorance, intolerance and refusal to even look at the mountain of evidence that justifies some skepticism, it appears the rest of us may very well face compulsory injection at the hands of ruthless multinational corporations based upon research partly funded by the military industrial complex.

I, for one, am opposed.