The Dangers and Ineffectiveness of Vaccines: Some Essential Points

by Neil Hamley (updated Dec 2020, at www.spiritualityandsoul.com)

These notes are not compiled by a medically trained person nor are they meant as medical advice or as a substitute for such advice. Instead, these notes have been compiled by an intelligent lay person from publicly available materials, many of them produced by various health professionals. These notes are meant to prompt you to do your own research into the dangers of vaccines, particularly research outside of the mainstream organisations, and to reach your *own* conclusions.

If you wish to get a quick overview of the content of this paper, simply look at the passages in **bold** type. Much of the information for this paper comes from the sources listed throughout. Some of the best references are also in bold type. However, this paper is an abbreviated version of a much more detailed paper entitled *The Dangers and Ineffectiveness of Vaccines* also available at www.spiritualityandsoul.com**.** This latter paper is fully referenced.

1. The Absent, Flawed or Corrupt Research and Safety Regulation of Vaccines

1.1. There are *no* safety and efficacy trials of vaccines where a vaccinated test group is compared to an unvaccinated control group where the latter is given a placebo (or inactive substance). Instead of being given a placebo the so-called control group is given either another *vaccine*—the safety of which is also not properly tested, and which has a known side effect profile—and/or given a toxic substance found in a vaccine, usually an aluminium compound. In this way both the test group and the so-called control group are given toxic substances and will have *similar* side-effect profiles. This helps to hide the side-effects being caused by the vaccine being tested.

1.2. When participants in drug trials die or have serious side-effects they are often not counted in the final results of the trial. This practice deliberately distorts the findings of the trials. For example, this occurred with the testing of the Prevnar vaccine for pneumonia.

1.3. Vaccine research is conducted on *healthy* people, but the vaccines are then given to the general public including people with all sorts of diseases, illnesses, disabilities and poor health.

1.4. Thankfully, there is no safety testing of vaccines on infants under six months, very little testing on young children and no testing on pregnant mothers, yet all these groups receive vaccines. For example, many children will get the hepatitis B vaccine on the day they are born and pregnant women or lactating mothers will get the flu shot.

1.5. Vaccines are tested one at a time. Yet when vaccines are given to the public a person, usually a baby, infant or child, will often receive multiple, up to eight, vaccinations at one time.

1.6. There are also *no* studies or trials which look at the effects of multiple vaccines given *over* time i.e. cumulative impact. This is especially important for a number of the toxic substances in vaccines such as aluminium, mercury, and attenuated viruses, bacteria are *not* readily excreted from the body and accumulate to cause long term problems such as neurological injuries.

1.7. Most vaccine safety trials only observe participants for adverse reactions for two weeks or less—but many adverse effects, in particular autoimmune diseases caused by the antibody responses induced by the vaccines, and neurological injuries due to inflammation etc., take longer, often years, to manifest.

1.8. *All* of the vaccine 'safety' trials are funded, conducted or effectively controlled by the vaccine companies whose directors have little or no integrity. The four major pharmaceutical companies, Merck, GlaxoKlineSmith, Pfizer and Sanofi, are all convicted felons and in the last ten years have collectively paid out some $35 billion in civil and criminal damages for fraud, blackmail and killing and injuring people with their products.

1.9. There is no effective regulation of the safety of vaccines in the US, Australia and many other countries. The Centre for Disease Control is the main regulatory body for vaccines in the US, and what happens in the US greatly influences the regulation of vaccines in Australia. The CDC is a conflicted, compromised and captured (by the pharmaceutical companies) agency: it has patents in over 50 vaccines; *sells* billions of dollars of vaccines each year; accepts massive donations from the vaccine industry; and there is a revolving door of employees between the CDC

and the pharmaceutical industry. The Food and Drug Administration (FDA) also regulates the safety of medicines and foods in the US—it gets about half of its budget from pharmaceutical companies and also has vaccine patents.

1.10. In the US the National Childhood Vaccine Injury Act gives the drug companies *complete legal immunity* from prosecution for any death and injuries caused by their vaccines. The Act came into effect in 1986 in response to an avalanche of lawsuits in the 1970s/80s against the drug companies due to deaths and injuries from vaccines—in particular brain damage caused by the mercury-laden DTP vaccine. No prosecution of companies has meant increasingly poor safety standards for vaccines.

2. The Toxicity of Vaccines and the Resulting Adverse Side Effects, Diseases, Disabilities and Death

2.1. Vaccines are filled with a range of toxic and/or carcinogenic substances including the attenuated (or weakened) and modified viruses or bacteria which constitute the active ingredients of the vaccine; animal *and human* matter including proteins, cells, DNA and viruses; preservatives or germicides such as formaldehyde, glutaraldehyde, and the **mercury-containing thimerosal**; the aromatic hydrocarbons such as 2-Phenoxyethanol and phenol; adjuvants to stimulate immune responses to the vaccine, most notably various **aluminium compounds**; detergents and emulsifiers such as polysorbate-80; the herbicide glyphosate; the surfactant Triton X-100; antibiotics such as neomycin, polmyxin B, gentamicin and kanamycin (to prevent bacterial contamination); various contaminants, and an array of substances used in the culture media, preparation and stabilizing of vaccines. No testing or independent testing of the effects of many or most of these toxic substances as part of vaccines has ever been undertaken.

2.2. Vaccines can and do cause deaths and a wide range of serious and disabling side-effects, diseases, and disabilities. Overall, some 200 adverse side-effects can be caused by the current vaccines. They are listed on the package inserts (information by the drug company which accompanies a vaccine) or found in the peer-reviewed scientific studies and include: death, seizure disorders, autoimmune reactions/diseases, neurological disorders (e.g. autism spectrum disorders), aplastic anaemia, rashes, convulsions, fainting, pneumonia, allergic reactions/allergies, anaphylactic shock, a range of inflammatory conditions e.g. of the bowel or pancreas, paralysis, diabetes, speech disorders, tics, Tourette's Syndrome, SIDS, narcolepsy, Guillain Barre Syndrome (an acute/subacute peripheral polyneuropathy cause by an autoimmune response), asthma, acute disseminated encephalomyelitis (a crippling and potentially blinding disease which is a documented side effect of virtually every vaccine), CNS demyelinating diseases e.g. multiple sclerosis, encephalopathy and encephalitis i.e. brain inflammation (e.g. as listed on Merck's MMR package insert or in the *Merck Manual*).

2.3. The Vaccine Adverse Event Reporting System (VAERS) is a surveillance program for adverse reactions to vaccines conducted in the US and jointly run by the CDC and FDA. The VAERS currently receives about 60,000 reports each year. The CDC and others estimate that only 1% to 10% of adverse events to vaccines are reported. Some specific examples are: 1) by January 2018, 412 deaths, approximately 5,500 hospitalisations, and 15,000 plus emergency department admissions had been reported in association with the HPV Gardasil Vaccine 2) as of November 2018 there have been 93,179 reports of adverse events to the MMR (Measles, Mumps, Rubella) vaccine including 459 deaths, 6,936 hospitalisations and 1,748 disabilities. In Australia, the equivalent of the VAERS is the Database of Adverse Event Notifications (DEAN) where reports are made to the Therapeutic Goods Administration (TGA) by patients, consumers, health professionals, etc. Since 1971, DEAN has recorded 48,617 reports, showing that 32,950 of these cases were the likely result of the single medical intervention itself i.e. the vaccine dose.

2.4. The Vaccination Injury Compensation Program (VICP), or Vaccine Court, is a US government process to compensate people for death and injury from vaccines. Since 1986 the Vaccine Court had awarded around $4.2 *billion* to vaccine victims, even though approximately three quarters of vaccine injured plaintiffs are denied compensation due to an excessively stringent process. For example, between Oct 1988 and June 2015 in relation to the DTP (diphtheria, tetanus, pertussis) vaccine, alone, there were 3,286 claims of injury including 696 deaths of which 1,271 cases were compensated. Bear in mind that only 1 to 10 % of adverse events are reported let alone litigated.

2.5. The US Supreme Court has ruled vaccines to be 'unavoidably unsafe'.

2.6. Mercury, in particular, ethylmercury, is contained in vaccines as part of thimerosal which is used as a preservative. Aluminium is used in vaccines as an adjuvant, that is, a substance to enhance the effectiveness of the vaccine to elicit an antibody response by the immune system. **Mercury and aluminium are two of the most toxic and in particular neurotoxic substances for the human body—but both are present in vaccines at unsafe levels in vaccines—in fact, there are no safe levels for these substances in the body.** Mercury has been largely removed

from vaccines. **However, mercury is contained in some vaccines such as the multi-dose flu shots at 25 micrograms (mcg), equivalent to 50,000 parts per billion (ppb), and in many others at trace amounts of 600 ppb, but, mercury is regarded as a *toxic hazard* at just 200 ppb.** The Environmental Protection Agency in the US has set the safe toxicity level of *ingested* methylmercury at mercury at 0.1 microgram per kilogram of body weight. The flu shot contains 25 mcg of mercury. Unless you weigh 250 kg you are in trouble—and most infants and young children certainly do not. Further, the mercury in the flu shot and other vaccines is *not ingested* but shot straight into the bloodstream! It is estimated that less than 1% of *ingested* mercury is absorbed. But, by definition, what is put directly into the bloodstream is fully absorbed.

The FDA has stated that the amount of aluminium per day, *not given orally*, should not exceed 25mcg per day. However, aluminium may be present in vaccines (not given orally) up to 850 mcg. Also, the FDA states aluminium should not exceed 5 mcg per kilogram of weight per day. The Hib B vaccine, which is commonly given on the first day or within the first month to the baby, contains 250 mcg of aluminium—10 times above the safe level. Further, it is common for child check-ups at 2, 4, 6 etc. months to involve as many as 8 vaccinations at any one visit amounting to more than 1000 mcg of aluminium (at a visit). You can do the maths.

Peer-reviewed science reveals that mercury and aluminium cause damage to the body using the *same* fundamental and interrelated mechanisms: 1) inflammation of the brain and nervous system, especially through a process now called immunoexcitotoxicity 2) causing death and injury to mitochondria which are they energy producing centres of cells 3) the production of auto-antibodies i.e. antibodies which attack the body's own tissues 4) oxidative stress or the over-production of free radicals i.e. oxygen containing molecules which have lost one or more electrons and are consequently highly reactive with and damaging to other bio-molecules e.g. DNA, RNA or proteins.

Mercury and aluminium in vaccines have been proven by numerous peer-reviewed scientific studies, by the courts, and by the CDC itself to cause a wide range of injuries, disabilities and disease including autism spectrum disorders, learning disabilities, multiples sclerosis, Parkinson's, ALS and dementia. For example, in the **book *Thimerosal: Let the Science Speak*—edited by Robert F. Kennedy Jr**—almost 500 peer-reviewed studies on the mercury-containing preservative thimerosal are presented which show it to be a potent neurotoxin causing organ and neurological damage and disorders—81 studies alone link it to autism. The articles ***Fully Vaccinated vs. Unvaccinated—Parts 1, 2 and 3*** **by Robert F. Kennedy Jr on his website, Childrens Health Defense, give the results of many studies comparing vaccinated versus unvaccinated children which show the former have significantly higher rates of autism.** See also, ***Vaccines: A Reappraisal*** **(ch. 5 & 15) by Dr Richard Moskowitz**; and the **e-book by Dr Ian Palmer *Truth Will Prevail: 1,200 Studies That Refute Vaccine Claims***—probably the single most comprehensive study of the dangers and ineffectiveness of vaccines—which has many, many studies which show that aluminium and mercury cause the aforementioned adverse conditions and many others.

Mercury in vaccines has long been proven to cause autism, but the evidence was originally suppressed by the CDC. In the 1990s Dr Andrew Wakefield pointed to a possible mercury-autism link which was then *confirmed* by the CDC between 1999 and 2004. Using its huge Vaccine Safety Datalink database it conducted a series of epidemiological studies by Thomas Vaerstraten and others. For example Verstraten found that administration of the Hep B vaccine in the first 30 days of life led to a 1,135 % increase in Autism Spectrum Disorder in the first 5 years in vaccinated versus unvaccinated children. In response to the CDC's findings the Simpsonwood Conference was held in 2000. It involved the CDC, representatives from the American Academy of Paediatrics, FDA, WHO and the pharmaceutical companies. They *buried* the studies done by the CDC proving the causative link between mercury and autism. In the early 2000's the CDC also produced around 24 *fraudulent* or unsound studies to convince people that mercury in vaccines did not cause autism. Studies by Paul Thorsen, his partner Kreesten Madsen, and also Frank DeStefano fall into this category. Thorsen was later charged with 22 counts of fraud and money laundering and fled overseas. In 2014, Dr William Thompson, one of the researchers involved in the corrupt autism-mercury studies by the CDC, became a whistle-blower and revealed *original* data from some of the suppressed studies to clearly expose the CDC's corruption. However, the studies by Thorsen are still relied upon today by the CDC to 'prove' mercury in vaccines does not cause autism. Not surprisingly, the public does not have access to the raw data from Thorsen's studies, nor is there any access to the Vaccine Safety Datalink database.

The Vaccine Court in the US has also found that vaccines cause autism. Hannah Polling's father, a Harvard neurologist, presented irrefutable evidence that vaccination caused his daughter's autism. The US Federal Court judged in 2007, in the case of Bailey Banks, that autistic conditions can result from acute disseminated encephalomyelitis *following* the MMR vaccine.

World-leading researchers Dr Lucia Tomljenovic and Christopher Shaw have found that aluminium (adjuvant) can stay within the body for decades where it can cause prolonged hyper-activation of the immune system and chronic inflammation. They have demonstrated that the brain and central nervous system bear the brunt of aluminium toxicity which can cause a variety of neuropathic states including learning disabilities, memory loss, impaired concentration, speech defects, seizures, confusion, anxiety, repetitive behaviours and insomnia.

Professor Christopher Exley of Keele University is the world's *leading* researcher in the area of aluminium and health. He has published over 200 papers in this area over 35 years. His research has conclusively shown aluminium to be a cause of dementia; and that the amount of aluminium in vaccines, up to one milligram (see below), is acutely toxic in some individuals. He stated that "vaccines that include aluminium adjuvants are not safe products." He is not anti-vaccine *per se*.

Let us finish with one small piece of completely damning information: two *independent* studies have shown that **the 300,000 strong Amish community in the US have no vaccinations and *no* autism—the Amish anomaly.**

2.7. There is substantial evidence to show that vaccines are responsible for many Sudden Infant Death Syndrome (SIDS) deaths. In the 1982 study by Dr William Torch, *DPT Immunization: A Potential Cause of Sudden Infant Death Syndrome,* and found in the journal *Neurology*, it was shown that 61% of SIDS deaths occurred within 14 days of the DPT vaccination and 76% within 21 days. In Japan, between 1970 and 1974 there were 57 cases of brain damage and 37 of sudden death following the DPT vaccination. The Japanese government postponed all DPT shots until after two years of age and as a result *all SIDS disappeared.* A 2015 study in the journal *Paediatrics* and entitled *Adverse Events Following Haemophilus Influenzae Type B Vaccines in the Vaccine Adverse Event Reporting System, 1990-2013,* found of the 896 reports of death following Hib vaccines 384 or 51%—which had autopsy reports—were reported as SIDS deaths. A number of studies have shown an increase in SIDS deaths following 5 or 6-in-1 vaccines, for example, the 2005 study from the *European Journal of Paediatrics* entitled *Sudden and Unexpected Deaths After the Administration of Hexavalent Vaccines (Diphtheria, Tetanus, Pertussis, Polymyelitis, Hepatitis B, Haemophilus Influenzae): Is There A Signal?* It found that the hexavalent vaccine given in the second year of life caused mortality rates on the first day after vaccination that were 31.3 times greater than normal national rates; and 23.5 times greater on the second day! To answer the question posed by the study, 'Yes, I 'think' we have a signal!'

2.8. The epidemiological study entitled the *Pilot Comparative Study On the Health of Vaccinated and Unvaccinated 6- to 12-year old U.S. Children*, published in the *Journal of Translational Sciences* in 2017, by Anthony Mawson et al. of Jackson State University, is the most extensive of its type comparing vaccinated and *fully* non-vaccinated children. It conclusively showed that vaccinated children were unhealthier than vaccinated children. Vaccinated children were: 1) over four times (4x) more likely to be diagnosed with Autism Spectrum Disorder (ASD) 2) 30x more likely to be diagnosed with allergic rhinitis (hay fever) 3) 5x more likely to be diagnosed with a learning disability 4) nearly 3.5x more likely to be diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) 5) nearly 6x more likely to be diagnosed with pneumonia (despite being 'vaccinated' against it) 6) 3.8x more likely to be diagnosed with a middle ear infection 7) 7x more likely to have had ear surgery to insert ear drainage tubes 8) and nearly 2.5x more likely to be diagnosed with chronic illness. Both groups had about the same rate of infection from measles, mumps, Hepatitis A and B, influenza, rotavirus, meningitis (viral and bacterial). On his **website Childrens Health Defense** Robert Kennedy Jr has some 60 studies which set out in graphic detail that unvaccinated children have significantly less diseases and disabilities than vaccinated children.

2.9. A huge variety of autoimmune diseases and conditions—where the immune system attacks the body's own tissues e.g. arthritis, MS, diabetes, asthma—are caused by or are causally linked to vaccines, either as stated by the manufacturers themselves or by the scientific literature. For example, the scientific literature has linked at least 18 autoimmune diseases or conditions to the hepatitis B vaccine alone. Other vaccines shown to be trailing a host of autoimmune disease and disorders behind them are the DTaP, MMR, HPV, pneumococcal, varicella, rotavirus and flu vaccines. Professor Yehuda Shoenfeld is perhaps the world's *foremost* authority on autoimmune phenomena. He states that people have genetic predispositions to autoimmune diseases typically requiring some environmental trigger to evolve into a full-blown disease; that the viruses, bacteria, adjuvants and other toxic substances in vaccines can and do play this role; and that this has been evidenced by both animal and human studies. He states, "What is obvious is that the typical vaccine contains all the necessary biochemical components to induce autoimmune manifestations." Focusing on aluminium he states: "Experimental research shows clearly that aluminium adjuvants have a potential for inducing serious immunological disorders in humans, and for autoimmunity in particular, with inflammation of the brain, long-term neurological complications, and thus profound consequences for health." See chapter five of ***Vaccines: A Reappraisal*** for Shoenfeld's comments and a summary of vaccines and autoimmune diseases.

Accordingly, we find the following 2014 study in the *Journal of Molecular Genetics* entitled *Review of Vaccine Induced Immune Overload and the Resulting Epidemics of Type 1 Diabetes and Metabolic Syndrome, Emphasis On Explaining the Recent Accelerations in the Risk of Prediabetes and other Immune Mediated Diseases*, where authors state that "The increase in immunization has been followed by a huge increase in inflammation associated disorders. Diseases like type 1 diabetes, autism, asthma, food allergies, many autoimmune diseases, obesity, type 2 diabetes, NASH and metabolic syndrome have increased many fold in children."

2.10. All vaccines contain human and/or animal proteins, cells, DNA and commonly, viruses or retroviruses, because the vaccines are cultured or grown in aborted human foetal tissue, and various animal tissues. This foreign human and animal material causes cancer, autoimmune diseases and other diseases. When the vaccine, which is either a live (albeit attenuated) or dead virus or bacterium, is taken from the human or animal substance in which it is cultured for further preparation, then human and animal proteins, DNA, cells, bacteria and viruses more or less come with it. For example, the SV40 virus found in the polio vaccine. SV40 came from rhesus monkeys. It has been reliably shown to be causative of cancerous tumours. At least another 26 other viruses from monkeys were later found in the various polio vaccines. Likewise, the distinguished scientists Drs Judy Moskowitz and Frank Rosetti found conclusive evidence that retroviruses in vaccines are causing cancer and neurological disorders, but their findings were suppressed by the US government. The FDA said in 2005 that it does not know what effects animal DNA (contained in vaccines) may have on the body. However, as Dr Richard Moskowitz states, "nobody has ever plausibly explained how mainlining foreign cells, DNA and protein antigens directly into the bloodstream [via vaccines] could *fail* to elicit a harvest of immune and autoimmune responses…" (p. 173, *Vaccines: A Reappraisal*).

2.11. Food allergies occur when there is hypersensitivity of the body's tissues to an antigen, in this case a food substance which, for some reason, is recognised as foreign. The symptoms from this hypersensitivity or adverse reaction to the food particles vary and include anaphylaxis which can be life-threatening. **Vaccines definitely cause food allergies**. How do we know this? Scientists who study food allergies *induce* them in laboratory animals such as rats by injecting them with a combination of a food protein plus an aluminium adjuvant. The adjuvant attaches to the food particles to elicit an antibody response to the food particles, which is the same as an allergic response to the food particles. This is *precisely* what is found in many vaccines: an aluminium adjuvant plus various food proteins or other substances. Quite clearly, the substances in the vaccine, attached to an aluminium adjuvant are recognised as foreign by the immune system thereby inducing an immune reaction which is tantamount to an allergic response.

2.12. Many health professionals are now rejecting or reducing vaccination for themselves, their children or clients. In their study entitled *Vaccination Practices among Physicians and Their Children,* and published in the *Open Journal of Paediatrics* in 2012, Martin, M., and Badalyan, V. found that 10% of general paediatricians and 21% of a sub-specialist paediatricians admitted they would *not* follow the CDC mandates in vaccinating *their* children, that they planned to postpone the MMR vaccine to after 18 months, and to reject rotavirus, meningococcal and hepatitis A vaccines altogether. (I wonder if they were advising parents to do the same?) Another study of Swiss paediatricians discovered that 32% shied away from the Hep B vaccines for their children, 29% from the Hib, while only 13% gave their kids the flu shot, 5% the pneumococcal vaccine, and 3% the varicella or chicken pox vaccine. A 2008 CDC study found that 11% of paediatricians and family physicians no longer urge parents to give their children all the recommended vaccines. A 2009 survey of 1,017 American registered nurses found that 41% of the respondents declined their flu shot citing adverse reactions and lack of effectiveness. In 2014, a group of 22,000 nurses spread over the US calling itself *Nurses Against Mandatory Vaccines* protested against hospitals requiring flu shots for employees.

2.13. We must take seriously the thousands of testimonies of parents saying that they had a perfectly normal child prior to vaccination and that their child developed symptoms, illnesses and disabilities, some acute, some progressive, immediately or shortly after vaccination, or upon re-exposure to a vaccine. Many of these testimonies, including before and after profiles of children recorded in home movies, can be accessed on YouTube.

3. Vaccines Are NOT Effective

3.1. Vaccines are ineffective. Historically, they were *not* responsible for the dramatic fall in infectious diseases and infant mortality from these diseases, and they are not effective in preventing infectious bacterial and viral diseases in modern times. The historical decline in infectious diseases and associated infant mortality has been primarily due to increases in the quality of food, water, sanitation and living conditions—something enabled by increasing wealth. The article ***Vaccines Did Not Save Us—2 Centuries Of Official Statistics*** collates a huge amount of the historical data to show that infectious diseases and related mortality in Australia, the US and other countries had declined to very low levels or were in sharp decline prior to the introduction of vaccines from the 1950s onwards.

These diseases included typhoid, small pox, scarlet fever, measles, diphtheria, whooping cough, mumps, tetanus and polio. Poliomyelitis is basically due to inflammation of the grey matter of the spinal cord, occurring anywhere from the brainstem to the end of the spinal cord. This inflammation can be due to various causes including viruses, environmental toxins and infections. In the US polio cases peaked at 58,000 in 1952 but has declined to 28,000 by 1955 when the polio vaccine was introduced. This steep decline was strongly correlated with, *and followed six months after*, the banning of the insecticide DDT. DDT is a nerve agent whose symptoms are basically the same as those of poliomyelitis from start to finish. The rapidly falling number of polio of cases was also due to much stricter criteria for classifying a condition as polio introduced at this time. Likewise, the small pox vaccine, developed by Edward Jenner, the father of vaccination, did *not* end the small pox epidemics. The vaccine actually largely *caused* the epidemics of small pox when it was introduced in the UK, Europe and US. This is detailed by **Dr Suzanne Humphries in her book *Dissolving Illusions.*** "There has been a steady decline in infectious diseases in most developing countries regardless of the percentage of immunization administered in these countries."—The World Health Statistics Annual Vol. 2 1973-1976. Regarding the Australian situation, **Dr Judy Wilyman, in her video presentation *Vaccine Choice Vaccine Injury***, quotes H.O. Lancaster as saying in his 1956 article *Infant Mortality in Australia*: "as cases of infant mortality in Australia all infective diseases had been overcome." Note: as of 1956 most vaccines had *not* yet been introduced into Australia. Wilyman also quotes Professor Fiona Stanley from her work *Child Health Since Federation* (2001 p. 178): "Infectious deaths fell before widespread vaccination was implemented [in Australia]." Of the US situation, paediatrician Larry Palevsky states: "the literature shows that diphtheria, tetanus, polio, pertussis, measles, influenza, TB and scarlet fever were already waning before antibiotics and vaccines, because of clean water, better living conditions, sanitation and nutrition." (p. 49, *Vaccines: A Reappraisal*). In his interview with Brian Rose at London Real Robert Kennedy Jr states that the CDC and John Hopkins University in the US conducted a study which found that vaccinations had little or nothing to do with the decline of smallpox, polio, diphtheria, pertussis, tetanus, influenza B and Hepatitis B infections. Furthermore, he adds that historically all infectious diseases, both vaccinated and unvaccinated, declined at similar rates, thereby, showing that it was other conditions such as improved sanitation and nutrition which accounted for reduced infections and deaths, not vaccination.

3.2. Vaccines are also proving to be *currently* ineffective. Here is a selection of some of their failures. Of all the reported cases of **chicken pox** in the US between 2004-15 half the children *had received* the chicken pox vaccine, which is to say that the vaccine offered no protection. A relatively recent **mumps** outbreak in the US showed that of the 817 children whose vaccination status was definitely known, 63% had at least one Measles, Mumps, Rubella (MMR) vaccine shot and 50% had two shots—again, the vaccination offered no protection. In recent years in the US there have been mumps outbreaks in 100% vaccinated communities such as those at the University of Richmond and Harvard University in 2016, Loyola University in 2013, and Fordham University. In China the **measles** vaccination is *mandatory*. However, a recent Chinese study entitled *Monitoring Progress Toward Elimination of Measles in China*, and published in the *Bulletin of the World Health Organization*, 92:340, May 1, 2015, found over 700 small outbreaks between 2009 and 2012 in a *single* province boasting a vaccination rate of over 99%. There were over 26,000 cases in 2013 alone. Likewise a study entitled *Failure to Reach the Goal of Measles Elimination. Apparent Paradox of Measles Infections in Immunized Persons* in the *Archives of Internal Medicine* stated "We found 18 reports of measles outbreaks in very highly immunized school populations where 71% to 98% of students were immunized against measles." In the conclusion they stated "The apparent paradox is that as the immunization rates rise to high levels in a population, measles becomes a disease of immunized persons." Yet another study, entitled *Explosive School-Based Measles Outbreak: Intense Exposure May Have Resulted in High Risk, Even Among Revaccinees* (1998), found that both vaccinated and unvaccinated children were able to equally infect their siblings. According to the CDCs own data the vast majority (87%) of people in the US who contracted **pertussis or whooping cough** were already vaccinated. Likewise a 2014 report found that of the 621 people who contracted whooping cough in San Diego County, 527 or 85% were up to-date with their immunizations. Further, the pertussis rates in the US have been climbing since 1970 and especially since the late 1990s—a trend found also in a number of other developed countries. Consequently, in 2017 pertussis rates were at a 70 year high.

3.3. The flu shot has *never* been found to be effective. Studies commissioned by the CDC in 1964 and 1968 found the flu vaccine to be ineffective. According to the CDC, over the past 14 seasons up to 2018-19, the effectiveness of the influenza vaccine has varied from 10% to 60%. The Cochrane Collaboration is an independent and international group of researchers and scientists who undertake meta-analysis studies of pharmaceutical products—they are the most trusted group of their kind in the world. In 2018 the Cochrane Collaboration did three meta-analyses of studies on the effectiveness of the flu vaccination for healthy children, adults and the elderly respectively. Regarding children they looked at 41 studies from 1984 to 2013 encompassing some 200,000 children between 3-16 years. They found that vaccination with live attenuated vaccines reduced the risk of influenza from 18% down to 4 % and in influenza-like-illness from 17% to 12%. Regarding adults, the Collaboration looked at 52 studies from 1969 to 2009 and

covering some 80,000 people. They found a 1.4% effectiveness rate of vaccination in preventing flu and a 3.4% effectiveness rate for preventing influenza-like-illness. Regarding the elderly (65 years plus), the Collaboration looked at 8 studies from 1965 to 2000 and encompassing some 5,000 people. This time they found a 3% effectiveness for preventing flu and a 2% effectiveness rate for preventing influenza-like-illness. The drug companies themselves admit that the effectiveness of flu vaccines has not been proven. Here is what it states on the package insert (information leaflet) provided with the flu vaccine called Flulaval:"There has been no controlled trials adequately demonstrating a decrease in influenza disease after vaccination with Flulaval." Regarding the Afluria influenza vaccine, an analysis of the package insert shows that it is only 1% effective. As Dr Alan Palmer points out, "the number of doses of flu vaccine has increased from 12.4 million in 1980-1, to 155.3 million in 2017-8 (a 1,250 percent increase), and yet we are told that flu deaths are rampant." (***Truth Will Prevail: 1,200 Studies That Refute Vaccine Claims***, p. 517). The flu shot has *not* been tested on pregnant women or lactating mothers. For example on the package insert of the Sanofi Pasteur H1N1 flu vaccine it states "Safety and effectiveness of Influenza A (H1N1) 2009 monovalent vaccine has not been established in pregnant women, nursing mothers or children less than six months of age." **Many studies show however that women who receive the flu shot during pregnancy have higher rates of miscarriages and autistic children.** For example see the article by Robert Kennedy Jr at Children Health Defense, *Flu Vaccine Facts: What You Need to Know for 2019-2020.* **50-70% of the cases seen by the Vaccination Injury Compensation Program (VICP) or Vaccine Court in the US are for death and injury from the flu vaccine.**

3.4. The higher the number of vaccinations administered to children the higher the death rates, hospitalisations and serious adverse events. A 2011 peer-reviewed study entitled *Infant Mortality Rates Regressed Against the Number of Vaccine Doses Routinely Given: Is There a Biochemical or Synergistic Toxicity*, found that the US had the 34th worst mortality rate for infants under one in the *developed* world. Further, it found a statistically significant linear correlation: the higher the doses of vaccines the higher the mortality. At this time (2011), a child in the US was receiving 26 vaccine doses by one year; whereas Sweden which had the lowest mortality also had the lowest number of vaccines doses at 12. By 2016 the U.S. ranked only 57th in the world in terms of infant mortality with a rate of 5.8 deaths per 1,000. Today, those countries which require the least number of vaccines, between 11 and 13 doses, including Sweden, Iceland, Finland, Japan and Norway have the lowest infant mortality of between 2 to 2.6 deaths per 1,000. Further, a 2012 study, entitled *Relative Trends in Hosptalizations and Mortality Among Infants by the Number of Vaccine Doses and Age Based on the Vaccine Adverse Events Reporting System (VAERS), 1990-2000*, reported "Our findings show a positive correlation between the number of vaccine doses administered and the percentage of hospitalisations and deaths reported to VAERS." The study also found the younger children to be "significantly more" at risk of death and hospitalisation. The epidemiological studies have also found that those *developed* countries with the highest vaccinations rates also have the highest infant mortality rates and vice versa. One such example is the study *Infant Mortality Rates Regressed Against the Number of Vaccine Doses Routinely Given* and found in the journal *Human Experimental Toxicology*, 30:1420, 2011. In 2019 Japan had the healthiest children in the world including the lowest child mortality. Japan has no mandatory vaccinations; does not give the Hep B vaccine at birth; does not vaccinate pregnant mothers with the DTaP; does not give the flu shot to pregnant mothers or 6 month year old children; does not give the MMR vaccine but recommends the MR vaccine; and does not require the HPV vaccine.

3.5. There are a number of reasons why vaccines are ineffective.

3.5.1. Dozens of scientific studies demonstrate that individuals vaccinated with the *live* virus vaccines such as the pertussis (whooping cough), measles, MMR, rotavirus, chicken pox & influenza vaccines—whether showing symptoms or not—can and do shed the virus for weeks or months after the vaccination has been administered.

3.5.2. Some infectious diseases have so many strains that the vaccination does little to reduce the spread of the disease, for example, flu, pneumococcus, HPV. For example the CDC states that there are about 150 strains of the human papilloma virus (HPV) of which 15 are believed to cause cervical cancer. Yet, the Gardasil vaccine is only supposed to protect against 4 strains of HPV, two of which cause cancer. Likewise, the flu vaccine is supposed to protect for about 10% of the 200-300 flu viruses circulating each year.

3.5.3. The viruses and bacteria against which the vaccine is supposed to protect are constantly mutating and evolving into new forms. This means that the vaccines become ineffective at preventing infections from these new forms. Indeed, just as with the introduction of antibiotics, vaccines *accelerate* the emergence of new and stronger forms of viruses and bacteria. Also, as the vaccine targets one form of the virus or bacteria and the body clears it away, a 'space' and opportunity is provided for new forms of the virus or bacteria to occupy. These new forms cause the same or a similar infection. So far, this phenomenon has occurred, at least, with pertussis, Haemophilus Influenzae type B, streptococcus pneumonia, chicken pox, polio, rotavirus, and HPV.

3.5.4. The basic theory on which vaccines are based precludes them from being effective in those whose immune system is compromised. Vaccination is supposed to elicit an antibody response from the person's immune system. However, if the immune system is not functioning properly due to ill-health or injury, then it cannot mount such a response. Those who need protection most get it least. Young babies do not have a fully functioning immune system until about two years of age, and therefore, *cannot possibly* have an adequate immune response to a vaccine—the vaccine is useless, and of course extremely harmful. In fact, most countries do *not* vaccinate children before two years of age because the immune system is developing and the chance of vaccine injury is so much higher.

3.5.5. The fifth reason why vaccines are ineffective is that they work by using an attenuated and modified virus, but this *can itself* cause the infectious disease, or a variant of the infectious disease, that it is meant to prevent. The most appalling example of this is the supposed polio eradication program conducted by the Bill and Melinda Gates Foundation in India. At the turn of the century the *oral* polio vaccine was *discontinued* in developed countries because it is a *live* polio virus and was found to be responsible for most of the cases of polio after 1960! However, it is still used in third world countries like India and is, of course, causing polio outbreaks. For example, in one district of India alone the Gates Foundation sponsored polio campaign in 2010-11 raised the polio numbers from eight or nine cases per year in the population to 47,000 cases in two years! To evade detection of this tragedy, these cases have been deceptively called non-polio flaccid paralysis (NPFP). However, NPFP *is clinically indistinguishable from polio paralysis* albeit twice as deadly. Further, the incidence of NPFP in India is *directly proportional* to the number of oral polio vaccinations given. Obviously we have 47,000 cases of *polio* here but given a different name to obscure the cause—the vaccine. It gets worse. A 2018 Indian study entitled *Correlation Between Non-Polio Acute Flaccid Paralysis Rates with Pulse Polio Frequency in India* by Rachana Dilman et al, and published in the *International Journal of Environmental Research and Public Health*, concluded that between 2000 and 2017 over 496,000 people in India developed paralysis *because of the oral polio vaccine*. Not only was it the Gates Foundation which was funding the oral polio vaccine programs in India, further, until 2017 the Foundation paid the salaries of the 32 member secretariat called the National Technical Advisory Group on Immunization which advised the Indian government on vaccination. In 2017 the Indian government cut all ties between these two groups. The Indian government dialled back Gates' vaccination regimen and the cases of NPFP dropped sharply. In 2017 the World Health Organisation admitted that the global explosion in polio is predominantly vaccine strain. In fact, by 2018, 70% of cases were vaccine strain. For details of the shocking, initially perhaps unbelievable, role the Gates Foundation has played in India and Africa two of the best sources are the video documentary ***Who Is Bill Gates?*** **by the meticulous researcher James Corbett**, and which can be found **at www.corbettreport.com**, and various articles and videos by **Robert Kennedy Jr at his website www.childrenshealthdefense, for example, his article *Gates' Globalist Vaccine Agenda: A Win-Win for Pharma and Mandatory Vaccination.***

3.5.6. Vaccines use a modified and attenuated virus or bacterium to stimulate an antibody response to a type of infectious disease, X, but, an antibody response *by itself* does not provide protection against infection, X, in the future. Vaccines are designed to stimulate an ongoing antibody response in the body. They do this by introducing a modified and attenuated form of a virus or bacterium into the body, which is the essential part of the vaccine. This is to say that the virus or bacterium in the vaccine is recognised by the body as harmful—technically it is called an antigen—and consequently the body mounts an antibody response. Further, adjuvants such as aluminium, which attach to the attenuated virus or bacterium help to elicit an inflammation response to the attenuated and modified virus or bacterium and, in turn, an increased antibody response to it. The main adjuvants used in vaccines are aluminium compounds. However, artificially eliciting an antibody response to a virus or bacterium does *not* mean that the person is effectively protected from infection. The centre within the FDA that tests for the effectiveness and safety of products, has repeatedly stated that an antibody response has nothing to do with protecting the person from the infection. In particular, there are some people who do *not* produce antibodies yet they recover from and are protected from diseases. Consequently we find cases where populations who have not only been vaccinated but have high levels of antibodies are no more protected from infection than the unvaccinated. For example, there was an outbreak of 235 cases of measles in Wisconsin, USA, in 1986. 94% of the people were vaccinated. Importantly, the measles were occurring in children with high levels of antibodies, thereby showing that antibody levels alone are a poor indicator of immunity. This then is the sixth reason why vaccines are ineffective. Let us consider it in more detail.

Artificially eliciting an antibody response to a virus or bacterium does *not* mean that the person is effectively protected from infection. For the body to effectively rid itself of an infection, whether viral or bacterial, a coordinated and *combined* effort of the immune system is required between its components of cellular immunity and humoral immunity. Vaccines do *not* do this. Cellular immunity involves a range of cellular processes which detect, engulf and digest the invading virus, etc; while humoral immunity involves the production of

specific antibodies which help facilitate the cellular immunity. When a person has *natural* infections, particularly in infancy, the body's immune system *develops* (or grows) to expel the virus or bacteria in question through this coordinated and combined effort. In doing so, the immune system learns to deal effectively or more effectively with the virus or bacteria in question, but also, *future* viruses, bacteria and foreign bodies *in general*. This latter is called non-specific immunity. **Because of the development of the whole immune system through exposure to *natural infections* they not only confer *lasting* immunity but also and also a more generalised *future* immunity. This is *not* the case with vaccines.** *Artificial* infections caused by attenuated or modified viruses or bacteria in vaccines do not develop the *whole* immune system, only the humoral part of the immune system which produces antibodies. Here, the whole immune system, both the humoral *and* the cellular components, is *not* stimulated to develop and grow to effectively *rid* the body of the virus or bacterium in question or, to give generalised future immunity. Because the immune system does not develop in a wholistic and coordinated way through vaccination, the vaccine components stay in the body on a more or less indefinite basis—indeed, vaccines are designed to stimulate an *ongoing* antibody response in the body by introducing modified or attenuated forms of a virus or bacterium into the body plus adjuvants. This is the equivalent to a *chronic infection*, and is at the heart of vaccines causing auto-immune responses and diseases where the body attacks its own tissues.

Regarding generalised or non-specific immunity, there are now many studies which show that people who were naturally exposed to and recovered from childhood infections later in life have significantly less chance of contracting other infections and diseases such as various types of cancer, asthma, allergies, and autoimmune disorders including type one diabetes, Crohn's disease and ulcerative colitis. For example, one study of 379 patients found that adults with a history of measles, mumps, rubella, chicken pox, pertussis or scarlet fever were 20% less likely to develop genital, prostate, GI, skin, lung or ears-nose-throat cancer if they had experienced one of these infections, 60% less likely if they had experienced three or four of these infections, and 76% less likely if they had experienced four or more. When you naturally fight off flu then you are protected against a variety of strains (cross protection) thereby giving greater protection—this does not occur with the flu vaccination. This topic is covered in some detail in chapter one of ***Vaccines: A Reappraisal* (2017) by Dr Richard Moskowitz.**

3.6. A few brief and condemning notes regarding the vaccines Gardasil and Cervarix given to supposedly prevent cervical cancer from the human papilloma virus. First, "Gardasil has been responsible for the largest number of adverse drug reactions of all vaccines currently in use."—Dr Ian Palmer. Between 2006 and 2012 the VAERS surveillance program run by the CDC and FDA had received 21,265 reports of adverse reactions to Gardasil, of which 9,565 involved ER visits, 1,669 were serious, 609 permanently disabling, 363 life-threatening, 212 needed long-term hospitalisation, and 78 were fatal. By January 2018 the VAERS showed that in relation to the Gardasil vaccine there were 412 deaths, approximately 5,500 hospitalisations, and 15,000 plus emergency department admissions reported. **The *American Medical Association Journal* (2007) stated with regard to Gardasil that "No significant evidence of vaccine therapeutic affect was observed…" and "it is unlikely that vaccination can have a significant beneficial impact."** One reason is that Gardasil and Cervarix are generally given to girls (and also to boys) prior to puberty, at 9-12 years of age, where its protective effect is only for about four or five years; and yet the average time when cervical cancer occurs is between 38-42 years—long after any protective effect of Gardasil has ceased. For this reason alone, Diane Harper, who helped design the Phase II and III safety and efficacy trials for both Gardasil and Cervarix HPV vaccines, said they are useless. **The Gates Foundation and WHO are currently being sued by the Indian government for Gardasil and Cervarix trials.** In 2014 the Gates Foundation funded a trial of experimental HPV vaccines, Gardasil and Cervarix, on 23,000 young girls aged 9-15 years in remote Indian provinces—seven died and 1,200 suffered severe side-effects including autoimmune and infertility disorders, seizures and premature menstruation. The Indian government investigations charged that the Foundation's researchers committed pervasive ethical violations including pressuring young girls into the trials, bullying parents, forging consent, and refusing medical care to injured girls. The case is now in the Indian Supreme Court. After numerous deaths and injuries the Indian government has suspended its Gardasil trials. For this section see ***Vaccines: A Reappraisal* by Dr Richard Moskowitz**, especially chapters 3, 7 &13 and the **e-book by Dr Ian Palmer *Truth Will Prevail: 1,200 Studies That Refute Vaccine Claims*** p. 605ff.

Key Sources (not mentioned): 1) *The Truth About Vaccines*, seven-part documentary produced by Ty Bollinger **2)** *Saying No to Vaccines: A Resource Guide for All Ages*, book by Dr Sherri Tenpenny (2008) **3)** *Vaxxed: From Cover up to Catastrophe*; documentary.

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