The Vaccine Issue

By Braxton DeGarmo, MD

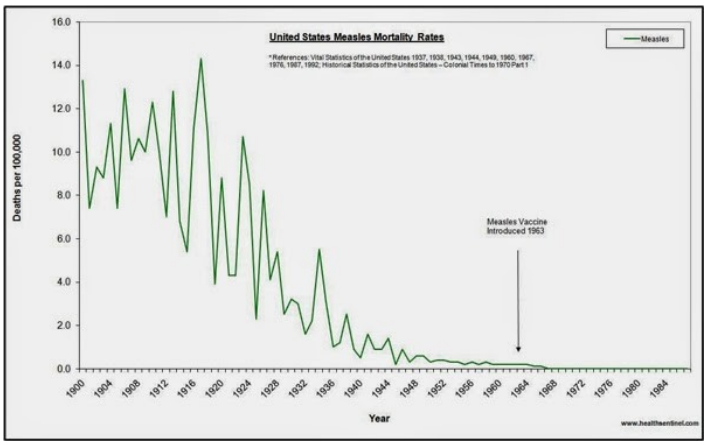
First and foremost, everything you've ever heard or read stating that "the science on vaccines is settled" is wrong. I initially wrote this article as the afterword for my novel, *The Khmer Connection*, which takes on the vaccine issue in the setting of a medical thriller. However, although the story is fiction, the statements regarding vaccines within the text of *The Khmer Connection* story are true and verified.

Five years ago, I stood firmly in the pro-vaccine camp. As a physician, we were never taught specifically about vaccines, although we learned about the forms of immunity our bodies possess. We were told that vaccines worked, they were crucial to public health, and that we could trust the CDC, WHO, and other health agencies which had only our "best interests" at heart. Since retiring from practice, I've actually had the time to research the topic and discovered just how naive I was. This afterword is just a "brief" summary of what I've learned. I could add pages and pages on each vaccine.

Why am I picking on vaccines? For those who have read through my MedAir Series, you know that I decided to tackle various social justice issues in several of the books as a way of shedding light on those topics. When most people hear the term 'social justice,' they think of racism or women's rights, issues that the politicians have chosen to push an agenda. But, in truth, social justice, involves far more. Abortion, property rights, human trafficking, and more are all social justice issues. Regarding vaccines, this issue involves the very destiny of our society. Am I exaggerating? Read on.

As I mentioned in the Author's Note at the beginning of my novel, *The Khmer Connection*, I stumbled across a medical study on vaccines that challenged my understanding of them. At that point, I was a staunch supporter of vaccines and their need in public health. After reading the paper, I found myself questioning what I'd been taught about them. And my research began in earnest.

The study, by Dr. Suzanne Humphries, presented the history of various communicable diseases such as measles, pertussis, and diphtheria. Although I've lost the study reference somewhere along the line, the graph below on measles, taken from the CDC initially, came from that paper:



We've all been told repeatedly that the measles vaccine dramatically reduced measles mortality, but as you can see from the graph, the vaccine barely made a dent in a mortality rate that had already diminished significantly due to improved sanitation, better nutrition, new standards of hygiene, and other improvements in healthcare.

When I was in medical school, the vaccine schedule included only six shots. Today's schedule mandates 69 to 72 injections by the end of high school, and there are reportedly over 250 new immunizations in the pipelines at the various manufacturers, of which over 100 are aimed at a new adult vaccine schedule the CDC is planning. This number of vaccines is the result of the National Childhood Vaccine Injury Act (NCVIA) of 1986 (42 U.S.C. §§ 300aa-1 to 300aa-34)[1], which removed all product liability from the manufacturers and placed it on the shoulders of the federal government. The act created a federal vaccine court in Washington, DC, that would take all claims of injury or death from vaccines.

While I thought the law interesting and necessary at the time, in hindsight, the onslaught of new vaccines, as well as mounting problems, should have been foreseen. Without liability for the products they were creating, vaccines became a major cash cow for Big Pharma. The incentive to create new vaccines was, and remains, huge. Regarding problems, the argument at the time was that without federal protection, the vaccine manufacturers faced a choice of abandoning vaccines or going bankrupt from the lawsuits. Note that last option. They were already facing such massive legal issues that bankruptcy was a real possibility. Back then, that should have raised red flags in my mind—if vaccines were safe, why did they need federal protection? But we were taught that vaccines were necessary and saved lives. As physicians, we trusted the CDC and other authorities who were experts on vaccines. Again, naive, in retrospect.

Vaccine Protests: Nothing New

[1] https://www.congress.gov/bill/99th-congress/house-bill/5546

Protests over vaccines are not a new development. From their beginning, a growing number of people protested vaccines. Prominent among those were arguments that the DTP shot produced a rare adverse reaction known as pertussis vaccine encephalopathy, which led to permanent brain injury. These protests began shortly after the release of the DTP vaccine in 1934 and grew over the subsequent 56 years. The NCVIA was passed in 1986, and in 1990, a study was published that showed no cause-and-effect between the brain disorder and vaccines.[2] Of note, however, JAMA had to file a correction on this study because Dr. Cherry "inadvertently omitted" that he was funded by the Wyeth and Lederle pharmaceutical firms. A year later, additional papers—also supported by Big Pharma—supported the first, and a consensus paper was published that acknowledged the DPT led to an increased risk of seizures but refuted that these seizures led to permanent brain damage.[3] And yet, increasing use of the vaccine led to increasing numbers of PVE cases. Coincidental? Probably not. Curiously, that consensus also stated that the DPT played no role in SIDS (Sudden Infant Death Syndrome), a claim that remains in dispute, as will be discussed.

Vaccines and Autism

However, by 1986 a new concern overshadowed those about the DPT—that of the role of the MMR (Measles-Mumps-Rubella) vaccine (released in 1963) in the formation of autism and autism spectrum disorders (ASD) such as Asperger's Syndrome. Many believe that autism has a genetic cause. However, in the 1940s autism was unheard of in the U.S., which makes it unlikely to be genetic, although there could be a genetic predisposition. By the late 1970s (the period in which I went through medical training), the incidence had increased to 1 in 10,000. For a child born in 2018, the risk of developing an ASD is now 1 in 36. The incidence has grown in lock step with the rise in required vaccinations. Circumstantial? No.

Despite the "assurances" that the MMR and other vaccines do not cause autism, dozens of such studies have been published showing a direct cause. In fact, as of 2017, Robert F. Kennedy, Jr., of the Children's Health Defense Initiative, had identified over 240 studies linking autism to the MMR. The MMR, however, is not alone in being implicated. A 2010 study from the State University of New York at Stony Brook, looked at the recommendation for universal hepatitis B in neonates and concluded: "Findings suggest that U.S. male neonates vaccinated with the hepatitis B vaccine prior to 1999 (from vaccination record) had a threefold higher risk for parental report of autism diagnosis compared to boys not vaccinated as neonates during that same time period.

---

[2] Cherry JD (1990). "'Pertussis vaccine encephalopathy': it is time to recognize it as the myth that it is". JAMA. 263 (12): 1679–80

[3] https://onlinelibrary.wiley.com/doi/abs/10.1002/ana.410290426

Nonwhite boys bore a greater risk."[4]

The primary culprit in the 1980s was thought to be thimerosal, a compound containing ethyl mercury that was used as a preservative, and a preservative had become necessary due to the desire to mass produce and stockpile the vaccine. The dangers of methyl mercury, an environmental toxin absorbed by fish and other animals, were becoming well known, but vaccine makers refuted any claims for danger by stating that ethyl mercury was eliminated through both the kidneys and liver and posed no threat to people.

Yes, ethyl mercury is removed both ways but not all of it. Later studies showed that most of it crossed the blood-brain barrier at a rate 50 times faster than methyl mercury, and that, on post-mortem study, the brains of autistic people were loaded with mercury. Significantly more than 'normal' brains. And mercury levels in the brain were unusually high in another population: those with Alzheimer's. Might it be that the rise of Alzheimer's dementia in our society is not just because we're living longer?

The protests over thimerosal and the studies showing a link to autism were greeted two ways. At first, the vaccine makers attempted to refute the studies. Their most common method was to study the results of a single MMR injection, the results of which would likely show no causal effect for ASD. They also used a time frame that fell far short of the average age for the diagnosis of ASD. However, the MMR is given in two sets (with a third being considered today), and other vaccines also contained thimerosal, so publishing a study using only a single injection was scientific dishonesty at best. That these studies were funded by the vaccine makers points to collusion and corruption more so than simple dishonesty.

These attempts to exonerate vaccines were quickly denounced by many (although recent studies show they still use this same tactic), so the vaccine makers quietly began to remove thimerosal from childhood vaccines. Today, only two vaccines for children contain the mercury compound. And with the removal of thimerosal, guess what happened? The rate of increase in the incidence of ASD dropped.

Note that I said the 'rate of increase' dropped, not that there was a *decrease* in the incidence. It's much like politicians saying they've cut spending by claiming that the rate of increase in spending has decreased. There's no actual decrease. Nevertheless, a drop in the rate of increase after removing mercury is a strong indicator that mercury plays a key role in ASD.

In a recent survey, the real-life data from a large pediatric practice in Portland, Oregon offers eye-opening results. Dr. Paul Thomas released a book, *The Vaccine-Friendly Plan*, in August, 2016, to introduce a plan for delayed vaccination that opposed the CDC's schedule. He had become concerned and irritated at seeing healthy one-year-olds in his practice deteriorate into autism following a round of vaccinations and decided he needed to delve

[4] https://www.ncbi.nlm.nih.gov/pubmed/21058170

into the science behind them. Not wanting to eliminate vaccines altogether, he implemented a delayed and selective schedule into his own practice and over the next ten years saw a significant reduction in new cases of autism.

With the release of his book, various officials demanded he show proof to support his book's claims. So, he opened up his medical records to an independent and internationally respected health informatics expert for review and analysis. The results surprised both the expert and Dr. Thomas, and shut up the officials. From the review of 3,344 children's records, they found that 1 in 438 children using Dr. Thomas' delayed method developed autism, while only 1 in 715 unvaccinated children did so. Since no one in his practice followed the CDC schedule, they could only compare their data to the CDC's own data from the same time period in which 1 in 45 children developed autism. The difference? By using his delayed schedule, they estimated they could save 90,000 children a year, nationwide, from developing autism.

Unfortunately, mercury is not the sole culprit when it comes to autism. Dozens of studies have also shown that aluminum, another metal known to be toxic to the human body, has a causative role in ASD. Likewise, the post-mortem studies of ASD and Alzheimer's sufferers have shown larger deposits of aluminum than expected. Where is the aluminum coming from? Vaccines. Every vaccine made uses aluminum hydroxide as an adjuvant, a compound meant to increase the antibody response to the vaccine. The conclusions of this 2011 study from the *Journal of Inorganic Biochemistry*[5] are consistent with others about the risks of aluminum:

> "Our results show that: (i) children from countries with the highest ASD prevalence appear to have the highest exposure to Al from vaccines; (ii) the increase in exposure to Al adjuvants significantly correlates with the increase in ASD prevalence in the United States observed over the last two decades (Pearson $r=0.92$, $p<0.0001$); and (iii) a significant correlation exists between the amounts of Al administered to preschool children and the current prevalence of ASD in seven Western countries, particularly at 3-4 months of age (Pearson $r=0.89$-0.94, $p=0.0018$-0.0248). The application of the Hill's criteria to these data indicates that the correlation between Al in vaccines and ASD may be causal."

To date, there has been no attempt to remove or replace aluminum in vaccines.

Dr. Chris Exley, of Keele University in the U.K., is considered the international expert of the neurotoxicity of aluminum. His paper, "Aluminium in Brain Tissue and Autism,[6]" not only showed aluminum being absorbed by macrophages—a form of

[5] https://www.ncbi.nlm.nih.gov/pubmed/22099159

[6] https://www.sciencedirect.com/science/article/pii/S0946672X17308763

white blood cell that removes toxins, cellular debris, and other "garbage" from the body—at vaccine injection sites but also these macrophages taking the aluminum across the blood-brain barrier into the brain where it disrupts development of the central nervous system and triggers autism. His work, however, is just the most recent piece of data in a long line of research. His reward for finding this link? All funding for his work has recently been revoked.

The dangers of aluminum have been known since the early 20th century. Its safety has never been tested and its inclusion in vaccines was "grandfathered" in based on the thought that aluminum hydroxide was safe. However, it's now known that this compound is comparable to a nanoparticle with respect to aluminum in its elemental form. As such, it is rapidly absorbed by macrophages and tissue. To get an idea as to how much aluminum is received in vaccines, check out the following:

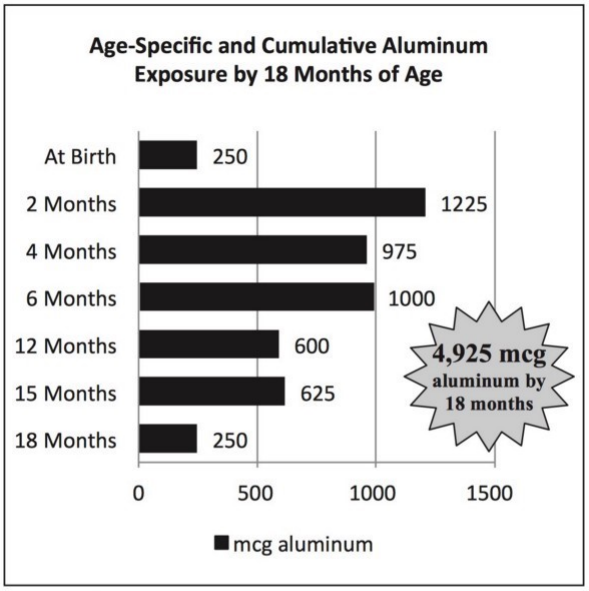


Figure 2. Cumulative Aluminum Exposure from Recommended Childhood Vaccines

Source: The vaccine manufacturers' product inserts and the CDC's 2016 childhood vaccination schedule.

That 250 mcg of aluminum given in the Hepatitis B vaccine at birth is over 20 times the toxic level determined by the FDA for an infant with impaired kidney function. This study[7], by Neil Miller, is eye opening about aluminum. It goes on to state:

> "This means that for a 6-pound baby with impaired kidney function, 11-14 mcg of injected aluminum would be toxic. The hepatitis B vaccine given at birth contains 250 mcg of aluminum—20 times higher than safety levels indicated for preemies. Babies weigh about 12 pounds at two months of age when they are injected with 1,225 mcg of aluminum from their CDC-

[7] http://www.jpands.org/vol21no4/miller.pdf

recommended vaccines—50 times higher than safety levels for preemies.

Healthy babies may be able to handle quantities of aluminum above FDA toxicity levels indicated for patients with impaired kidney function. However, no one knows how much more aluminum is safe because adequate studies were never conducted. In addition, babies are not screened for renal function prior to vaccination. Therefore, it is impossible to know ahead of time which babies will succumb to aluminum poisoning. Instead, parents are expected to play Russian roulette with their children."

Until the early 2000s most studies *implied* a link between vaccines and autism. These studies concluded that more work needed to be done. However, in 2006, Caltech scientist Dr. Paul Patterson began a line of research that showed a clear link between vaccines and autism. Over two dozen recent studies have continued the research he started, but not surprisingly they have all been performed outside the U.S. His research would not find funding in the U.S. today.

Dr. Patterson's article in *Engineering & Science*, "Pregnancy, Immunity, Schizophrenia, and Autism"[8] provided the first real, direct link between events in the womb and autism. In short, he showed that if a pregnant mother gets sick, the resulting inflammation can trigger a response that alters brain development in the fetus. This subtle "microglial activation" was actually first noted in the brains of autistic patients by Dr. Pardo, et al, at Johns Hopkins in 2004[9] but confirmed by numerous studies, including a Japanese study in 2013, published in JAMA Psychiatry.[10] Dr. Patterson and his team, however, refined this work to show the cause of this response as being a cytokine called Interleukin-6, or IL-6.[11] To answer critics that his work in mice could not be extrapolated to primates (people), in 2014, the M.I.N.D. Institute at UC-Davis replicated these findings in rhesus monkey.[12]

Interestingly, at the end of his 2006 paper, Dr. Patterson said this:

"Finally, I want to ask a question that's come up in the literature in the last few years — **should we really be promoting universal**

---

[8] http://calteches.library.caltech.edu/697/2/Pregnancy.pdf
[9] https://onlinelibrary.wiley.com/doi/abs/10.1002/ana.20315
[10] https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1393597
[11] http://vaccinepapers.org/wp-content/uploads/Maternal-Immune-Activation-Alters-Fetal-Brain-Development-through-Interleukin-6.pdf
[12] http://vaccinepapers.org/wp-content/uploads/Activation-of-the-maternal-immune-system-during-pregnancy-alters-behavioral-development-of-rhesus-monkey-offspring.pdf

> **maternal vaccination?** The flu vaccine has been recommended routinely to pregnant women in the United States since 1957. The official policy of the Centers for Disease Control states that "administration of vaccines to women seeking prenatal care is an opportunity for preventative intervention that should not be wasted." Now you might say, "Well, of course, you don't want to get the flu if you're pregnant!" But remember that double-stranded RNA experiment — we activated the immune system, and it caused all these downstream effects on the fetus. And what does a vaccination do? It activates the immune system. That's the point of vaccination. In practice, not all pregnant women receive flu shots, and **I think that universal vaccination of pregnant women could get us into a whole new set of problems**." — emphasis mine

The problem? The flu vaccine sets up a potent immune response in the pregnant mom, with both mercury (only one flu vaccine is mercury-free) and aluminum.

Numerous studies in Canada, France, Japan, and elsewhere have confirmed the neurotoxicity of aluminum in vaccines. Dr. Christopher Shaw of the University of British Columbia published his paper, "Aluminum Adjuvant Linked to Gulf War Illness Induces Motor Neuron Death in Mice,"[13] in 2007, and said this:

> "In addition, the continued use of aluminum adjuvants in various vaccines (i.e., Hepatitis A and B, DPT, and so on) for the general public may have even more widespread health implications. Until vaccine safety can be comprehensively demonstrated by controlled long-term studies that examine the impact on the nervous system in detail, many of those already vaccinated as well as those currently receiving injections may be at risk in the future. Whether the risk of protection from a dreaded disease outweighs the risk of toxicity is a question that demands urgent attention."

In 2015, another study[14] from Université Paris Est Créteil (UPEC) in France corroborated this new view of aluminum adjuvant as a dangerous, biopersistent, and ultimately brain-injuring toxin. The study confirmed that aluminum adjuvant of vaccines slowly makes its way to the brain, where it then stays, possibly forever. A study in *Toxicology* from November 2016 adds to this data.[15] Both Dr. Exley and Dr. Shaw

---

13 http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.568.9309&rep=rep1&type=pdf

14 http://vaccinepapers.org/wp-content/uploads/Biopersistence-and-brain-translocation-of-aluminum-adjuvants-of-vaccines.pdf

15 http://vaccinepapers.org/wp-content/uploads/Non-linear-dose-response-of-aluminium-hydroxide-adjuvant-particles-Selective-low-dose-neurotoxicity.pdf

contributed to this work.

In addition to this, another discovery was made along the line. In a paper published in Molecular Neurobiology in 2016, "Neuroprotective Effect of Nanodiamond in Alzheimer's Disease Rat Model: a Pivotal Role for Modulating NF-κB and STAT3 Signaling,"[16] it was shown that aluminum caused a 4-fold increase in IL-6. **A 4-fold increase in the very cytokine responsible for the neurological damage seen in autism.**

Because much of this work focused on damage done *in utero,* many scientists still believe that autism is caused only from damage done during pregnancy. However, several studies disprove this idea. A 2012 study by New York and Chinese researchers showed that IL-6 injected into mice after they were weaned still caused autism-like behavior and neurological damage.[17] Even as far back as 1981, a study showed autistic behavior that developed in children as old as 11 following an acute encephalitis, which caused severe inflammation of the brain.[18] Fortunately, for the children in this study, that behavior reversed as the inflammation resolved. However, as stated above, the inflammation from aluminum in vaccines persists. For even more on this subject, I direct you to an excellent summary article written by J.B. Handley, father of an autistic child: "J.B. Handley: International scientists have found autism's cause. What will Americans do?"[19]

Some critics comment that "anti-vaxxers" always focus on autism. What about other problems? We'll get to some of those, but why all the fuss about autism? The CDC itself predicts that within the next ten years the rate of ASD in the U.S. will reach 1 in 2 children. This will dramatically affect the destiny of our society. Can you imagine the society we're leaving to our grandchildren where half of their children have an ASD?

Vaccines and Other Adverse Events

And imagine that society having to deal with the epidemic of auto-immune disorders we're seeing in children. Today, 1 in 20 children under the age of five will develop a seizure disorder (a listed adverse effect of most vaccines). The incidence of Type 1 diabetes in children and teens has been rising at ~2% per year since 2002.[20] Juvenile rheumatoid arthritis is increasing, as are numerous chronic diseases once

---

16 https://vaccinepapers.org/wp-content/uploads/Neuroprotective-Effect-of-Nanodiamond-in-Alzheimers-Disease-Rat-Model.pdf

17 https://vaccinepapers.org/wp-content/uploads/Brain-IL-6-elevation-causes-neuronal-circuitry-imbalances-and-mediates-autism-like-behaviors.pdf

18 https://vaccinepapers.org/wp-content/uploads/Acquired-reversible-autistic-syndrome-in-acute-encephalopathic-illness-in-children.pdf

19 https://jbhandleyblog.com/home/2018/4/1/international2018

20 https://www.nih.gov/news-events/news-releases/rates-new-diagnosed-cases-type-1-type-2-diabetes-rise-among-children-teens

seen only in adults.

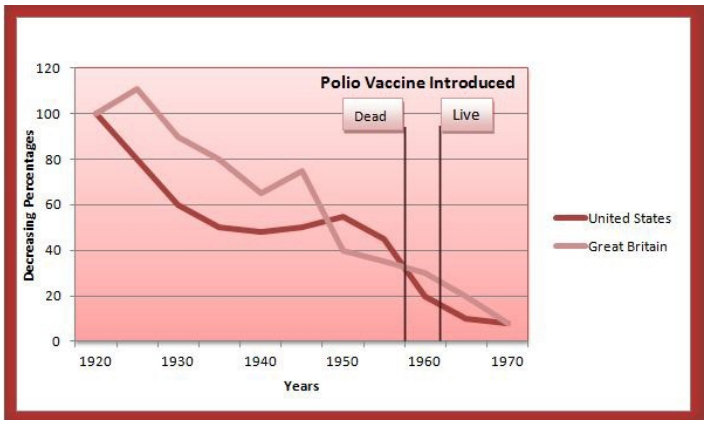
And the rise in childhood cancer? From 1950 to 1963, the polio vaccine created by Dr. Jonas Salk was produced using rhesus macaque monkeys, and the simian virus 40 (SV40) was acknowledged as both a contaminant in the vaccine and as a cause of cancer. Today, the vaccine is produced using African Green monkeys because they are rarely infected with SV40. Not *never* infected, just rarely.[21] SV40 continues to show up as a contaminant of polio vaccine.

I've mentioned autism and autism spectrum disorders, as well as childhood cancer and auto-immune disorders, the rise of which have been shown linked to the growing number of vaccines mandated by various authorities. Vaccines, however, are also implicated in a growing number of chronic diseases in adults, too. Post-vaccination autoimmune diseases include systemic lupus erythematosus, rheumatoid arthritis, inflammatory myopathies, multiple sclerosis, Guillain-Barré syndrome, and vasculitis. Aluminum is implicated in these cases.[22]

A growing concern surrounds the development of sometimes fatal autoimmunity following the use of human papillomavirus vaccine, first recommended for pre-teen girls but now advised for boys, too. There is literally no evidence that these HPV vaccines have affected cervical cancer, but the death toll from the vaccines continues to rise.

Polio—the Rest of the Story

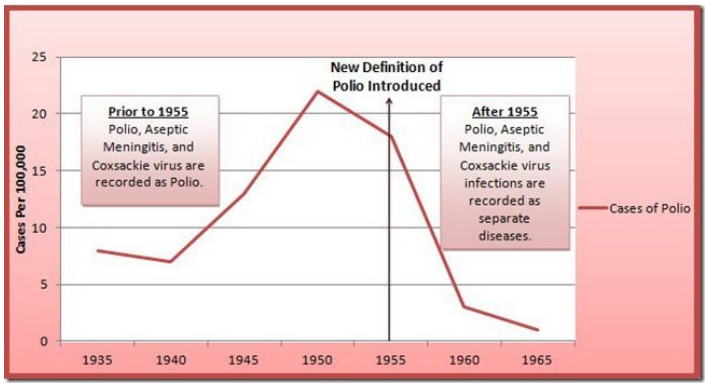
The polio vaccine story is another one that should make you think. Polio was a dreaded disease in the early 20th century, although not its deadliest. However, three distinct diseases were all lumped together in reporting numbers: polio, aseptic meningitis (viral meningitis), and Coxsackie virus. By 1953, at the introduction of the Salk vaccine, the prevalence of 'polio' (defined as all three diseases) had already plummeted more than 50% from its high in the 1920s.



Source: International Mortality Statistics (1981) by Michael Alderson.

[21] https://www.nvic.org/vaccines-and-diseases/Polio-SV40/BLFTestimonySV40.aspx
[22] https://www.ncbi.nlm.nih.gov/pubmed/20193633

In 1955, two years after the vaccine, the definition of polio was changed, separating the three diseases that once were all considered 'polio.' A year later, the American Medical Association mandated that all licensed medical doctors could no longer classify polio as polio. All polio diagnosis would be rejected in favor of Guillain-Barre Syndrome, AFP (acute flaccid paralysis), Bell's Palsy, Cerebral Palsy, ALS, (Lou-Gehrig's Disease), Multiple Sclerosis, Muscular Dystrophy, etc. Should we be surprised that the number of polio cases dramatically declined? In fact, in 1976, Dr. Salk was quoted as saying that *all* cases of polio within the U.S. since 1961 had been actually caused by his vaccine.



Source: Congressional Hearings, May 1962; and National Morbidity Reports taken from

U.S. Public Health surveillance reports.

The vaccine was not the success we hear about. It 'succeeded' because the definition changed.

The circumstances surrounding 'polio' are even more disturbing. Flaccid paralysis was first described in 1824 in metal workers exposed to lead and arsenic fumes. The first cases of poliomyelitis were diagnosed in 1892 in Vermont in children living near apple orchards where a lead arsenate pesticide had been introduced two years earlier. Doctors reported children falling ill after eating the fruit. By 1909, apples from the U.S. were banned in England because of the lead arsenate residues. In 1907, a calcium arsenate pesticide was introduced to cotton fields. Similar 'epidemics' of polio unfolded in families near cotton mills.

In 1943, Monsanto released DDT, a neurotoxic pesticide. DDT was impregnated into wallpapers for pest control, used to wash cows, sprayed to control mosquitoes, used on clothing for moth-proofing, and more. The number of cases of polio became epidemic and worse near areas where DDT was deployed. By 1950, numerous studies showed that the brain damage in polio and from DDT were identical.

Between 1949 and 1951, doctors were beginning to treat polio with the anti-toxins dimercaprol and ascorbic acid (vitamin C). In one North Carolina epidemic of 60 children, all were given massive doses of vitamin C every two to four hours and

became clinically well within 72 hours. That, however, didn't fit the vaccine agenda, and many of the doctors who chose to ignore the vaccine and treat 'polio' with anti-toxins, found themselves stripped of their medical licenses.

While the arsenate pesticides and DDT have been outlawed, new chemicals have taken their place and play a role in the chronic inflammatory disorders we see today. As for polio, blaming it on a virus, when so much science revealed environmental toxins as the cause, qualifies it as one of the deadliest medical hoaxes of all time.

Vaccine Deaths

You might hear claims from some today that more children die from the vaccines than from the diseases the vaccines are intended to prevent. Is there any truth behind that statement? Let's use measles as the example since so much hype about recent outbreaks has been in the media. Between January 1st and September 21st, 2018, the Pan American Health Organization reported that 6,629 cases of measles had been reported in 11 countries of North, Central, and South America.[23] With these cases, there were 72 deaths reported, 62 of which were in Venezuela where socialism has decimated the economy and eliminated even the most basic medical care. For all of 2018, the U.S. reported 349 cases and zero deaths, which is reported as being a typical year for the U.S.

Statistics on deaths from vaccines, however, are hard to come by. From its inception in 1986 to September 2018, the VAERS (Vaccine Adverse Events Reporting System) has had 457 deaths reported due just to the MMR. The federal VICP (Vaccine Injury Compensation Program), as of January 2, 2019, has had 82 claims made for death from the MMR.[24] Several studies have shown that VAERS data is vastly under-reported, with a range from 1 to under 10% of all cases actually being reported by doctors since the system is purely voluntary. If we assume the most generous level, that 10% of all cases were reported over that 32-year period, the real number of deaths could be over 4500. That amounts to 141 deaths/per year if averaged over the 32-year span of the VAERS. Since these VAERS numbers are for the U.S. only, it's easy to see why people might say that vaccines (the MMR in this specific case) are more deadly—141 deaths vs. 0 deaths.

To be fair, the MMR has greatly reduced the number of overall cases of measles. With larger numbers, we could expect more deaths from the disease. Right? Currently, the CDC states that the death rate from measles is 1 in 1,000 cases.[25] Based on that, we'd then have to see a jump in measles cases from 349 (2018) to 141,000 to match the estimated death rate from the MMR. However, the CDC's own web page on the history of the measles states that in the decade prior to the vaccine (1963) there were typically 3-4 million cases of

---

23 https://www.precisionvaccinations.com/international-travelers-bring-measles-usa
24 http://www.greenmedinfo.com/blog/can-measles-vaccine-cause-injury-death
25 https://www.cdc.gov/measles/about/history.html

measles a year with 400-500 deaths.[26] That works out to roughly 1.3 deaths per 10,000, not 1,000. But wait, go back and look at the first graph above. That graph, taken from CDC itself several years ago, shows a mortality rate of less than **1 in 100,000** at the time of the vaccine's introduction. So, has the CDC's proofreader missed that discrepancy, or is the CDC playing numbers games as part of their fear-mongering tactics to sell vaccines? Like with polio being redefined, the CDC keeps moving the goal posts to make vaccines appear to be serious lifesavers.

Vaccines, SIDS, and Infant Mortality

Earlier I mentioned SIDS—Sudden Infant Death Syndrome. There have been concerns, as well as several studies, linking the DTP, now DTaP, shot with SIDS since the 1940s. Big Pharma and the CDC have gone to great lengths to debunk that idea, as mentioned earlier. A review of VAERS from 1991-1994[27] showed that 74% of vaccine deaths occurred in the first year of age, with 63% of those being male. The peak age for death was 1-3 months. Their conclusion was somewhat specious in stating that based on prior studies, which denied a link between SIDS and vaccines, they could predict the peak age for death in the VAERS data simply because the reported deaths were attributed to SIDS, which also sees a peak age of 1-3 months. In other words, the authors' conviction that SIDS was not related to vaccines biased their conclusion when, in fact, the data could be interpreted as supporting the argument that vaccines caused SIDS. Perhaps the more intellectually honest conclusion would have been to say that more research was needed because of the correlation in the peak age in the two groups.

Another study, from 1995, while not finding a correlation between the DTP and SIDS in their overall study population, did see a trend in children under 3 months of age, and these authors did call for more study there.[28] Remember, the peak age of SIDS is 1 to 3 months, so the trend they saw likely had significance. A more recent study from urban Africa in 2017 showed that infants receiving the DPT and OPV (oral polio vaccine) together had a 212% greater risk of infant death than their non-vaccinated cohorts. The all-cause infant mortality after 3 months of age in that population also increased after the introduction of vaccines.[29]

As a result of continued research, in July 2017, the Office of Special Masters of the U.S. Court of Federal Claims, AKA the vaccine court, ruled in the case of Boatman & Cupid vs. Secretary of Health and Human Services, that sufficient evidence was put forth to rule that vaccination caused a child to die from Sudden Infant Death Syndrome

[26] https://www.cdc.gov/measles/about/history.html
[27] https://www.ncbi.nlm.nih.gov/pubmed/9386653
[28] https://www.ncbi.nlm.nih.gov/pubmed/7557822
[29] https://www.ebiomedicine.com/article/S2352-3964(17)30046-4/abstract

(SIDS).[30]

Key to that ruling was research by Harvard Neuropathologist Hannah C. Kinney, M.D., who showed that the role of pro-inflammatory cytokines (small proteins released by white blood cells that affect other cells) in tipping the molecular balance in the underdeveloped brainstem is thought by multiple experts to be a potentially critical factor in the pathology of SIDS.[31] The baby in the aforementioned case, 4-month old J.B. died within 24 hours of receiving the DTaP, IPV, PCV, rotavirus, and Hep B vaccinations at a single well-baby checkup. His brain had been overwhelmed by inflammation brought on by getting all of these vaccines in one sitting.

Likewise, a 2011 study, "Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity?", by two independent analysts (no Big Pharma ties), showed a correlation between multiple vaccines and infant death. Despite the U.S. immunization schedule having the most vaccine doses per child in the first year of life (26 doses) of any developed country, 33 countries have lower infant mortality rates (IMR). To quote, "Linear regression analysis of unweighted mean IMRs showed a high statistically significant correlation between increasing number of vaccine doses and increasing infant mortality rates, with $r = 0.992$ ($p = 0.0009$)." In simple English, the more vaccine doses, the more babies die.

So, a few key points need to be made about vaccines and SIDS. Many of the studies that have refuted a link between the two are flawed. Some limited their study to SIDS cases that occurred within a week of vaccination, when in fact some of these infants died unexpectedly two or even three weeks after vaccination. Some looked at the broad age group of children under one year of age, when the most dangerous period is the first three months of life, as shown in the studies cited above. For SIDS, the broader the age group you examine, the less likely you are to find a correlation. Finally, many studies looked at links between one vaccine and SIDS, not SIDS after receiving multiple vaccines, as in the case of infant J.B. Even the staunchest of vaccine supporters should be able to see a benefit to delaying vaccines until after, say, the sixth month of life and to avoiding multiple injections in one sitting. Instead, they're pushing vaccines within days of birth and developing shots with five and six immunizations in one.

Vaccine Efficacy

We hear all the time that vaccines prevent disease, save lives, and MUST be mandated for a healthy population. I've already presented you with two graphs that show that the measles and polio vaccines had little effect on preventing disease and saving lives. Similar charts are available for pertussis, diphtheria, smallpox, chickenpox, and more. Do these

[30] https://ecf.cofc.uscourts.gov/cgi-bin/show_public_doc?2013vv0611-73-0
[31] https://sleep.med.harvard.edu/people/faculty/153/Hannah+C+Kinney+MD

vaccines prevent disease? Yes . . . and no. Have they saved lives? Here, the stats would seem to indicate 'no'.

So, are vaccines effective? Do they prevent disease? I'll explain my equivocal answer above. Yes, from the perspective of looking at the overall number of cases of these diseases. We've seen fewer actual cases of, say, measles, thanks to vaccines. And yet, since the 1970s there have been reported outbreaks of these illnesses in *vaccinated* populations every year. The claim that measles was eradicated from the U.S. in 2000 is not accurate, despite the CDC's efforts to blame recent outbreaks on foreign, non-vaccinated visitors.

This past year, 2018, there were 17 outbreaks of measles, where an outbreak is defined as diagnosing the disease **in as few as three people**. All of those outbreaks involved more vaccinated individuals than non-vaccinated patients. And in three of the outbreaks, patient zero was confirmed to be a vaccinated person. Other outbreaks were indeed confirmed to have been started through a non-vaccinated visitor from overseas, such as New York's three outbreaks among Orthodox Jews who were exposed to an Israeli visitor who developed measles after arriving in the city.

You might have read about a recent outbreak of pertussis (whooping cough) in Harvard-Westlake school in Los Angeles, CA. Of the 1,600 students at the school, only 18 were non-vaccinated. Thirty students developed pertussis, all of whom were vaccinated. Although exposed, none of the 18 non-vaccinated students caught the disease.

How could a vaccinated person start an outbreak? Upon being vaccinated, people can shed the virus for weeks—ie, they're infectious for weeks. The RotaTeq virus has been shown to shed for 3-6 months in vaccinated children.[32] A 1995 CDC study[33] showed measles virus in the urine of vaccinated children for as long as two weeks following vaccination. For some kids, the virus shedding began at 13 days. They didn't perform any sampling after two weeks, so the virus shedding could have persisted well beyond that point.

And how can a vaccinated person catch the disease? That's a simple answer that gets to the heart of the question of their efficacy. Vaccines only offer temporary, humoral immunity. By temporary, we're talking 5-10 years, which is why boosters are advised. The CDC once boasted that two injections of the MMR provided lifetime immunity. Yet, today, they're suggesting the need for a third shot and floating the concept of boosters as adults—and not just for the MMR. I would suspect that most of you reading this would find your antibody titers to these diseases coming back at zero when tested.

But the real question is the value of having only *humoral* immunity. By humoral

---

[32] https://www.ncbi.nlm.nih.gov/pubmed/25260041

[33] https://www.ncbi.nlm.nih.gov/pubmed/7494055

immunity, we're talking about having antibodies against the virus. That's not the whole answer when it comes to the immune system. Folks who actually catch the wild virus and have the disease develop not only an antibody response, but also what is called *cell-mediated*, or cellular, immunity, which offers permanent immunity to the disease.

Immunologists believe that humoral immunity, via antibodies, is the major defense mechanism against microbes trying to invade our bodies. This is because these antibodies exist within the blood stream flowing throughout the body and are available the quickest. When a virus attacks the body, a type of white blood cell, the B-lymphocyte, senses it and releases antibodies against it. Antibodies attach to the virus, making it a target for other white blood cells (macrophages and T-lymphocytes, called T-cells) to destroy. In cell-mediated immunity, a host of white blood cells respond to the virus: T-cells, Helper T-cells, natural killer T-cells, macrophages, and cytotoxic T-cells (CD4+ and CD8+). These cells attack the virus (or bacteria) directly rather than by creating antibodies. Yet, in doing so, they develop a memory of sort for the attacker and respond more quickly should it enter the body again. Thus, they provide a surveillance system that lasts a lifetime. B-cells don't do that. Another factor in favor of cell-mediated immunity is that it also fights cancer, whereas humoral immunity does not.

You might have heard or read something about 'herd immunity.' What is it? Say, you have chickenpox as a child. Your cell-mediated immunity kicks in and sets up its surveillance system for the varicella virus. Now, maybe a few years later, your kid sister gets chickenpox, and a few years after that, a young neighbor gets it. Twenty years later, your own children get it. Each time you're exposed, it refreshes the immune system's memory of that virus, like a natural booster. The herd, those around you, have boosted your immunity. But this only works with cell-mediated immunity, not humoral immunity. The idea of herd immunity from vaccines is a total myth.

The issue of vaccine efficacy raises another interesting dilemma. If vaccines are so effective, why are authorities and parents so worried about non-vaccinated kids in school? The logic here defies me. If vaccines work so well, non-vaccinated kids present no risk to a vaccinated child. But, you might argue, what about kids who can't get vaccines for various medical reasons? Aren't the non-vaccinated children a risk to them? Actually, the vaccinated children pose a greater risk from viral shedding after their shots, as discussed above. In fact, because of cellular immunity, the non-vaccinated child who catches the wild virus goes on to present much less of a risk to the population in the future. Studies have shown that populations in which 80% of the people have had the disease, the incidence of that disease is greatly reduced.

There's another interesting aspect of vaccine efficacy that became evident first in a Japanese study around 2010—the concept of antigenic drift. Have you ever wondered why the flu shots each year are so ineffective? It's due to the mutation of the influenza virus during the production of the vaccine. Each year, the 'experts' attempt to predict which influenza strains will infect people the following year. Once identified, that strain of virus

goes into the process of making its vaccine. Yet, during the process, that strain of virus mutates—antigenically shifts—so that at the end of the process, the virus strain which the vaccine prevents is not the same as the one the experts wanted to target.

A 2016 Canadian study, among others, again showed this to be true when they concluded: "Variation in the viral genome and negative effects of serial vaccination likely contributed to poor influenza vaccine performance in 2014-2015."[34] Did you note something else in their concluding statement?—'. . . negative effects of serial vaccination . . .' Studies are also showing that annual flu shots are increasing your risk of getting the flu. One study showed that "Prior receipt of 2008-09 TIV (inactivated influenza vaccine) was associated with increased risk of medically attended pH1N1 illness during the spring-summer 2009 in Canada."[35]

There have been numerous studies on the influenza vaccine, largely showing that they're ineffective. A 2006 study from the University of Calgary concluded: "We concluded that there is no credible evidence that vaccination of healthy people under the age of 60, who are HCWs (healthcare workers) caring for the elderly, affects influenza complications in those cared for."[36] A 2011 study from the University of Minnesota concluded that flu shots only offered moderate protection in adults but "Evidence for protection in adults aged 65 years or older is lacking."[37] A 2010 study from the Cochrane Collaboration stated:

> "Influenza vaccines have a modest effect in reducing influenza symptoms and working days lost. There is no evidence that they affect complications, such as pneumonia, or transmission. **WARNING: This review includes 15 out of 36 trials funded by industry** (four had no funding declaration). An earlier systematic review of 274 influenza vaccine studies published up to 2007 found industry funded studies were published in more prestigious journals and cited more than other studies independently from methodological quality and size. **Studies funded from public sources were significantly less likely to report conclusions favorable to the vaccines. The review showed that reliable evidence on influenza vaccines is thin but there is evidence of widespread manipulation of conclusions and spurious notoriety of the studies**. The content and conclusions of this review should be interpreted in light of this finding."[38]—emphasis mine

---

34 https://www.ncbi.nlm.nih.gov/pubmed/27025838
35 https://www.ncbi.nlm.nih.gov/pubmed/20386731
36 https://www.ncbi.nlm.nih.gov/pubmed/16856082
37 https://www.ncbi.nlm.nih.gov/pubmed/22032844
38 https://www.ncbi.nlm.nih.gov/pubmed/20614424

Despite the evidence, the CDC, FDA, and others push harder and harder every year for everyone to get their flu shots. I haven't touched upon the complications seen with these shots. That would require another long article, like this one has become.

Vaccine Safety

Would it surprise you to know there have been no long-term studies regarding the safety of the vaccines being administered to our children? Not a one. Zilch. Your child is one of millions of guinea pigs in an ongoing vaccine "study" sponsored by the CDC, FDA, WHO, and Big Pharma. Of course, those scientists would argue that the gold standard study—a double blind study where one group is a control group that receives the "sugar pill" and the test group gets the real thing—would be considered unethical regarding vaccines because they *know* that vaccines work.

A new book, *Idealogical Constructs of Vaccination*[39] by Mateja Cernic, PhD, is a well-researched and thorough look at vaccines and the damage they are causing our children. Regarding safety issues, it highlights the following points about vaccines:

1. **Preclinical safety studies are often not done**—while animal studies are problematic because animals aren't affected by the same viruses we are, they would be of value in looking at the safety of adjuvants, such as aluminum, and other contaminants such as formaldehyde, aborted fetal DNA, formalin, mercury, phenoxyethanol, phenol, sodium borate, polysorbate 80, glutaraldehyde, and more that are found in vaccines.

2. **Pharmacokinetic studies are not required of vaccines**—i.e. studies of the time course of drug absorption, distribution, metabolism, and excretion aren't done. As such, vaccines are granted a marketing authorization without a single study about how their components act in the body, how are they absorbed, how and where are they transported, how they affect various organs, where are they deposited, how are they excreted, etc.

3. **Observation periods are typically only 5-15 days after a dose**—rarely are they over 30 days. Based on these observations, vaccines are deemed "safe" and sent out to millions of children.

4. **A placebo saline solution is never used**—as mentioned above. Whenever a control group is used in a study, they will get an older vaccine, a competitor's vaccine, or an antigen-free version of the vaccine which still has the adjuvants, preservatives, etc., in it, just not the virus. This allows the researcher to claim their vaccine is as safe as the placebo, even though both contain the offending substance, such as aluminum.

5. **With no true placebo, there is no real control group**—never are the vaccinated children compared to non-vaccinated children.

6. **Side effects are just observed, never tested**—that is, they are based on parental

[39] https://www.amazon.com/Ideological-constructs-vaccination-Mateja-Cernic/dp/1909736104

and physician observations only and reported to VAERS if the physician feels like doing so. No lab, neurological, or other testing is ever performed.

7. **The majority of clinical trials are financed by the vaccine manufacturers**—can we say conflict of interest? In addition, the more favorable the study, the likely it is to be placed in a prestigious journal.

8. **Study reports are often incomplete**—the methodology and design of a clinical trial can only be evaluated by its report. Despite well-developed rules of reporting, methodology is often described poorly and incompletely, often with important data, such as side effects, missing. As noted above, the manipulation of procedures and data in scientific research is well known and more common than we'd like to believe.

9. **Only healthy children are included in trials**—yet, immunizations are given to *all* children, with few medical exceptions. This clearly biases the results of the study.

10. **A vaccine is declared effective based only on its ability to generate antibodies**—your arm could fall off a week after the injection into it, but if the vaccine caused antibodies to develop, it's a success.

In a nutshell, vaccine makers only study their product to the extent that they can get it cleared for marketing.

On the bright side, there are efforts under way to study the efficacy and safety of vaccines objectively. The Children's Medical Safety Research Institute of Israel (https://www.cmsri.org) is one such group dedicated to truthful information on vaccines. As a registered 501(c)(3) non-profit organization, they are funded by donations and have no ties to Big Pharma. Plus, a handful of independent researchers at prestigious universities have stepped out to investigate the truth behind vaccines. One such person, Stephanie Seneff, PhD, of MIT has done some fascinating work on the flu virus, as will be mentioned shortly.

The Benefits of Disease

What? There are benefits to getting sick? Man, are you breathing the air of Colorado and getting a Rocky Mountain high?

Believe it or not, many of the childhood viruses, even influenza, have been shown to improve our health. If you ask your family doctor which kids are healthier, the vaccinated or non-vaccinated, he or she is likely to answer, "I don't know, I never see the non-vaccinated ones." I don't think those kids are avoiding doctors. They simply don't need them. Some of the more honestly objective doctors will tell you their non-vaccinated children are the healthiest ones.

Why is that? We've already looked at how vaccines are implicated in autism and ASD, auto-immune disease, and cancers. Clearly, those kids will be sicker and ill more often. DPT, tetanus and polio shots have been implicated in higher allergy and asthma

rates.[40] The hepatitis B vaccine increases the incidence of chronic arthritis, ear infections, and pharyngitis/nasopharyngitis (sore throats) in kids under age six.[41] But there's more to it.

A European study from 2009 looked at 14,893 children and concluded that measles infection may actually *protect* against allergies.[42] A Japanese study from 2015, the Japanese Collaborative cohort study, looked at 43,689 men and 60,147 women aged 40–79 years at baseline (1988-1990) and followed them until 2009. One of their findings was that having measles had a protective effect against all forms of cardiovascular disease, while having mumps was protective from stroke.[43] Febrile infectious childhood illnesses also appear to be protective from cancer, particularly non-breast cancers.[44]

However, some of the most interesting (IMO) research on benefits of viral diseases comes from Stephanie Seneff, PhD, at MIT.[45] As a side note, you can tell her work is hitting someone's pocketbook hard by the level of attacks against her on the internet. I've counted a dozen websites created simply to attack her and to try to discredit her work. And yet, MIT has valued her work to the point of sponsoring a 3-day symposium dedicated to her research. She must be doing something right. The information to follow came from a presentation she made in Toronto in March 2018.[46]

Dr. Seneff has looked at a compound in our bodies called sulfate. It has been called the biggest nutritional deficiency we've never heard of. A sulfonated amino acid called taurine is the primary storage form of sulfate and is stored in large quantities in the heart, brain, and liver. A mother's milk is loaded with taurine which is essential for normal brain and central nervous system (CNS) development. A deficiency of taurine leads to growth retardation, impaired CNS and pancreas development, and impaired glucose (the primary sugar used by the body) tolerance and vascular dysfunction. Sulfate is required by the body to remove aluminum and mercury and to detoxify chemicals like acetaminophen that are toxic in high levels. Autistic children have 1/3rd the sulfate levels in their blood than 'normal' children.

Unfortunately, our body's cells cannot metabolize taurine in order to release the sulfate necessary for synthesizing cholesterol sulfate, heparan sulfate, and other sulfonated compounds required by the body. A deficiency of cholesterol sulfate leads to cardiovascular disease while a deficiency of heparan sulfate is a key factor in autism. As an example,

---

40 https://www.ncbi.nlm.nih.gov/pubmed/10714532

https://www.ncbi.nlm.nih.gov/pubmed/9345669

41 https://www.ncbi.nlm.nih.gov/pubmed/11164115

42 https://pediatrics.aappublications.org/content/123/3/771

43 https://www.atherosclerosis-journal.com/article/S0021-9150(15)01380-5/fulltext

44 https://www.ncbi.nlm.nih.gov/pubmed/9824838

45 https://people.csail.mit.edu/seneff/

46 https://people.csail.mit.edu/seneff/2018/Toronto.pdf

without sulfate, cholesterol begins to accumulate in the deposits we see so commonly in heart disease. Without cholesterol sulfate, iron is more easily oxidized within the blood vessels leading to inflammation and arterial damage. Animal studies of atherosclerosis, with its cholesterol buildup, have shown that the animals fed a high sulfur diet have a regression (reduction) in the cholesterol-containing plaques in the arteries. With adequate sulfate, cholesterol is cleared from the plaques, and cholesterol sulfate can be used to form estrogen, to cross the blood-brain barrier where the brain uses it, and more.

The primary metabolizers of taurine are microbes (bifidobacterium, in the gut), which can separate the sulfur from the amino acid. This sulfur is needed for the body to synthesize sulfate and another compound required for normal growth, methionine. Glyphosate, the active ingredient in Roundup(TM), and other environmental toxins, even in trace amounts, inhibit the ability of these microbes to perform this task. Being exposed to glyphosate through the water we drink (municipal supplies do not adequately filter it out) and foods we eat (absorbed into fruits and vegetables as they grow) contributes to sulfate deficiency, which leads to a host of chronic health problems.

Of course, there's more to the issue of sulfate production than just glyphosate exposure. Lack of sunlight exposure inhibits its production as well, because ultraviolet light exposure triggers an enzyme reaction in the skin that produces the superoxides needed to turn sulfide into sulfate. Perhaps fewer video games and more outside playtime is in order for our children. Also, chronic inflammatory disorders affect the microbes.

And that's how this ties into infectious diseases and vaccines. Dr. Seneff's work has shown a synergistic effect between glyphosate and vaccines, which produce a chronic inflammatory reaction due to the aluminum and contaminants in them. The chronic inflammation contributes to what is called "leaky gut syndrome" in which toxins normally removed by the liver after being absorbed by the gut are able to "leak" directly into the blood stream. This further aggravates the problem.

As for the infectious disease aspect of this, her work has shown that the influenza virus actually pushes sulfate from our blood stream back into the tissues where it is needed. Much of the muscle ache you feel with the flu is the result of this rebalancing of sulfate into the muscle. One might even postulate that the more severe the aches, the more deficient you are. So, yes, having the flu makes you healthier. It might even help reduce heart disease risk, although that study has yet to be done from what I've found so far.

The Science is Settled?

How many times have you read in a news article or FB post, whether by a

politician, physician or just someone with their Google-MD degree, that the science about vaccines is settled? I think I've laid out a good argument that such is far from the case. In fact, in one six-hour period, using the PubMed database, I reviewed over 100 abstracts and developed a bibliography of 65 articles showing study results in support of the claims I've made here. Many of those are listed in the footnotes. (I considered developing such a bibliography for online use, but realized I would be recreating the wheel. A site called GreenMedInfo.com can lead you to articles on all the topics, and more, that I discussed here.)

So, why do the CDC, FDA, Big Pharma, and many in academia keep pushing against the science that, in truth, is largely against their claims rather than supporting them? You would think that these people would be intellectually honest and objective in investigating the claims posed by such studies. You would think they would place our and our children's well-beings first in their endeavors. Instead, like so many people when faced with facts that go against their beliefs, they resort to name calling and pejoratives—those deranged "anti-vaxxers."

Unfortunately, there is corruption, collusion, and greed involved at the highest levels of the CDC, FDA, etc. Of course, if you use the internet to search this topic out, you will find dozens of websites with very scientific or official sounding names that have been set up to obfuscate the issue and refute the well-documented claims of individuals such as Robert F. Kennedy, Jr., who has worked tirelessly against mercury in the environment for decades and recently redirected his efforts to save our children.[47] I don't know about you, but I've found that the greater the effort to discredit someone or some issue, the more likely that person or issue is correct.

For example, the CDC's ACIP (Advisory Committee on Immunization Practices) is comprised of 12 individuals, all of whom either hold vaccine patents or represent the pharmaceutical firms that make vaccines. All told, the CDC (actually the Department of Health and Human Services) and its ACIP members hold a total of 56 patents on vaccines or vaccine technology.[48] There are CDC patents applicable to vaccines for Flu, Rotavirus, Hepatitis A, HIV, Anthrax, Rabies, Dengue fever, West Nile virus, Group A Strep, Pneumococcal disease, Meningococcal disease, RSV, Gastroenteritis, Japanese encephalitis, SARS, Rift Valley Fever, and chlamydophila pneumoniae, as well as methods of vaccine delivery and more. The CDC and these members stand to lose millions of dollars should vaccines lose their mandated status. Not a single member of the ACIP represents "the people" or could be considered a non-biased third party.

You will find websites that deny that the CDC is one of the largest sellers of vaccines in the world. They use arguments such as the CDC's being the largest "purchaser" of vaccines,

---

47 https://childrenshealthdefense.org/

48 https://www.google.com/search?tbo=p&tbm=pts&hl=en&q=vaccine+inassignee:centers+inassignee:for+inassignee:disease+inassignee:control&tbs=,ptss:g&num=100

without going on to say that the CDC turns around and sells those vaccines to other organizations, such as other countries or various state health clinics or hospitals. In fact, one such site, Vaxopedia, claims the CDC gives away the vaccines, using the example of the Vaccines for Children program. I'm sure they provide some free vaccines, but they sold an estimated $5.4 billion worth of vaccines last year. Here's a link to the CDC's vaccine price list. So much for giving them away free.

Corruption extends beyond the members of the ACIP, however. In 2010, the makers of hepatitis C tests and treatments donated $26 million to a new CDC program, the Viral Hepatitis Action Coalition. In 2012, the CDC issued new guidelines for expanded screening that required those tests and treatments. A 2009 investigation by the CDC's own inspector general found that 97% of the disclosure forms filed by CDC advisors were incomplete and that 13% of advisors failed to even file the required disclosure forms, papers that listed their financial ties and connections.[49]

What about the FDA, the Food and Drug Administration? The FDA's Vaccines and Related Biological Products Committee is a revolving door of doctors, scientists, and executives from Big Pharma. As an example, while not vaccine related, a Dr. Margaret Miller was hired by Monsanto in 1985 to write a report on rBGH (recombinant bovine growth hormone) for the FDA to evaluate the growth hormone's safety. Shortly before Monsanto submitted the report in 1989, she left the company to join the FDA's advisory committee. Her first task was to approve the report she had written. Similar examples abound.

One might wonder why, if such rampant corruption exists, hasn't the mainstream media taken this tiger by the tail and exposed it? This is Pulitzer Prize winning investigative journalism. Well, we know what today's mainstream media has become, shills for the largest contributor. In fact, Big Pharma is the largest advertiser in media today, with some estimates claiming that as high as 70% of advertising dollars come from the industry. Mainstream media won't touch the issue, and in reality, go out of their way to try to discredit those who, like RFK, Jr., are shedding light on the problem. Big Pharma also provides ~100% of the advertising support for most medical journals and use that clout to push the most prestigious journals to publish the studies that they have financed. Thus, the honest, third-party studies find their papers relegated to smaller, lesser-known journals where they are less likely to 'create waves.'

In closing . . .

Five years ago, I was a member of the pro-vaccine medical community. I was content in my ignorance. Today? I can no longer endorse vaccines as they are produced

[49] https://thevaccinereaction.org/2016/04/how-conflicts-of-interest-have-corrupted-the-cdc/

today, full of toxins that are destroying our children and our society. I've only touched upon some of the main issues surrounding the vaccine debate. There's a lot more that could be said and hundreds of studies that could be cited to support claims made against our current vaccine industry.

I'm not against the concept of vaccines, although, in reality, humoral immunity alone is far from the answer. However, more and more science is revealing the truth behind the benefits we gain from actually having some of these diseases. A lot more research needs to be done because the problem is truly a multi-factorial one. Toxins in the environment pose enough of a problem. We needn't be injecting them right into our bodies. At the same time, we shouldn't be debating the vaccine issue without also debating the environmental issues. They go hand in hand.

Whichever side of the issue you tend to support, I hope that this modest effort of mine has at least opened your eyes to the reality and science behind the claims of those arguing for safer vaccines and more study. We´re not really *anti* vaccine as much as we're *pro* safe vaccines and for a safe environment.

For more information, short of researching PubMed yourself, consider the following resources:

Children's Health Defense initiative—a non-profit group led by Robert F. Kennedy, Jr.

GreenMedInfo.com and their extensive database on vaccination studies

Vaccine.Guide—an impressive collection of government documents, VAERS reports, vaccine product inserts, and more by one mom of a vaccine injured child. It's 1500 pages long and available as a pdf.

Also, the website, Vaccinepapers.org, presents an objective look at vaccines.

ABOUT THE AUTHOR

Braxton DeGarmo, MD is a now-retired ER doctor with a B.S.E. in Bio-Medical Engineering (’75) from Duke University and an M.D. (’79) from the University of Cincinnati College of Medicine. He served 11 years in the U.S. Army with stints as the Director, EMS at Fort Campbell, Kentucky and as a research flight surgeon at the U.S. Army Aeromedical Research Labs at Fort Rucker, Alabama. While at USAARL, he directed the Biodynamics Lab whose research led to today’s effective body armor as well as the first heads-up displays for aviator helmets. Upon leaving the military, he continued to practice emergency and family medicine until retiring to write in 2014.