Free Report

Vaccine

Safety Tricks and Tips

Important Information to Protect Your Family From Pharma Fraud

A Special Report prepared for
VacTruth.com and ThinkTwice.com

By Neil Z. Miller

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I have been investigating vaccines for more than 25 years. When my son was born, the matter became important to me. I began by studying medical and scientific journals. The data was disturbing. Evidence showed that vaccines are often unsafe and ineffective. In fact, some vaccines cause new diseases. I was even more shocked to learn that powerful individuals within the organized medical profession — including members of the American Medical Association (AMA), the American Academy of Pediatrics (AAP), the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO) — are aware of vaccine safety and protection deficiencies but seem to have an implicit agreement to obscure facts, alter truth, and deceive the public. Vaccine manufacturers, health officials, medical doctors, lead authors of important studies, editors of major medical journals, hospital personnel, and even coroners, cooperate to minimize vaccine failings, exaggerate benefits, and avert any negative publicity that might frighten concerned parents, threaten the vaccine program and lower vaccination rates.

During my research, I discovered a shadowy underworld of vaccine production and corruption within the industry. For example, most people have no idea how vaccines are made or what they contain. Formaldehyde, aluminum and Thimerosal — yes, some vaccines still contain this dangerous mercury derivative — are just a few of the ingredients used to manufacture vaccines. In addition, oral polio vaccines are incubated in monkey kidneys, the chickenpox vaccine is brewed in "human embryonic lung cell cultures," and the new HPV vaccine includes particles of sexually transmitted viruses which are now being injected into an entire generation of chaste, young girls.

My main goal today in continuing to research vaccines is to provide families with evidence of vaccine safety and efficacy defects — information that they are unlikely to hear from their doctors — so that truly informed decisions can be made. Congressional efforts to initiate positive change within the vaccine industry have failed, so parents are the only remaining defense to protect their children. I am opposed to bogus "proofs" of vaccine benefits (including studies funded by vaccine manufacturers), health mandates (forced immunizations) and other coercive tactics used to intimidate wavering parents into vaccinating against their will. Although generations of children are falling victim to medical "progress," autism and other developmental disorders are *not* childhood rites of passage.

I researched vaccine studies and articles from around the world. There is extensive evidence of vaccine hazards and immunity limitations. I never intended to ratify traditional beliefs regarding vaccine safety and efficacy. Instead, my research is designed to countervail conventional dogma. The information I uncovered does not support the oft-heard claim that vaccine benefits outweigh their risks. If you'd like to read more about vaccine benefits and less about the risks, there are plenty of "official" websites that you can visit (or speak to your doctor). I encourage this course of action. Of course, official vaccine websites are mainly supported by vaccine manufacturers and allopathic health organizations such as the FDA, the CDC, and WHO — institutions with a mandate to promote vaccines and vaccinate as many people as possible.

Science vs. Science Fiction

Many "scientific" studies are literally nonsense. This is not a conspiracy theory. For example, the *Journal of the American Medical Association* recently published a paper showing that one-third of "highly cited original clinical research studies" were eventually contradicted by subsequent studies.[1] The supposed effects of specific interventions either did not exist as the original studies concluded or were exaggerated.

Plos Medicine recently published a paper entitled "Why Most Published Research Findings are False." The author of the study, Dr. John Ioannidis, is an internationally esteemed scientific researcher, epidemiologist, and Professor of Medicine at Stanford University. He concluded that "it is more likely for a research claim to be false than true."[2] In fact, 80 percent of non-randomized studies turn out to be wrong, as do 25 percent of supposedly gold-standard randomized trials. "At every step in the process, there is room to distort results, a way to make a stronger claim or to select what is going to be concluded," says Ioannidis.[3] Thus, vaccine studies need to be read very closely, otherwise significant information that could affect their validity may be overlooked.

In some instances, study results may be preordained. For example, when the vaccine-autism link became a public concern, vaccine proponents moved into high gear to produce authentic-appearing studies that contradicted genuine data. I remember when tobacco companies used this very same ploy. They financed numerous bogus studies ostensibly "proving" that cigarettes didn't cause cancer. The real studies got lost in the muddle. Sadly, it's all too easy to obfuscate truth and deceive the public.

At the infamous Simpsonwood conference held in Norcross, Georgia in June 2000, experts knew that Thimerosal (mercury) in vaccines was damaging children. They had irrefutable proof — the very reason for convening the meeting. (Dr. Tom Verstraeten, a CDC epidemiologist whose research was the focus of the meeting, had analyzed the agency's massive Vaccine Safety Datalink database containing thousands of medical records of vaccinated children. He declared: "We have found statistically significant relationships between exposure [to mercury in vaccines] and outcomes. At two months of age, developmental delay; exposure at three months, tics; at six months, attention deficit disorder. Exposures at one, three and six months, language and speech delays — the entire category of neurodevelopmental delays.")[4]

Instead of making this important information public, authorities hatched a plan to produce additional "studies" that denied such a link. In fact, vaccine proponents had the audacity to claim in subsequent papers that mercury in vaccines not only doesn't hurt children but that it actually benefits them! In the topsy-turvy world of overreaching vaccine authorities, the well-documented neurotoxic chemical mercury somehow makes children smarter and more functional, *improving* cognitive development and motor skills.[5] Of course, this is absurd. Many valid studies confirm mercury's destructive effect on brain development and behavior.

Study conclusions often contradict core data in the study. I am always astounded when I read the abstract or summary of a major paper touting a vaccine's apparent safety or benefits, only to find that upon examining the actual paper, including important details, the vaccine is shown to be dangerous and may have poor efficacy as well. For example, a large study analyzed the safety of Thimerosal-containing vaccines (TCVs) and found dangerous side effects: "Cumulative exposure at 3 months resulted in a positive association with tics." In addition, there were "increased risks of language delay" for cumulative exposure at 3 months and 7

months. Yet, the paper concluded that "no consistent significant associations were found between TCVs and neurodevelopmental outcomes."[6]

In another high profile study published in *JAMA Pediatrics* in January 2013, researchers compared fully vaccinated children to children who were under-vaccinated due to parental choice. (These were parents who researched vaccines and decided not to follow the official immunization schedule.) The under-vaccinated children had "lower rates of outpatient visits and emergency department encounters." Yet, the paper concluded that "under-vaccinated children appear to have different healthcare utilization patterns."[7] Sadly, the mainstream media rarely publishes anything that challenges the sacrosanct vaccine program. Newspaper stories about vaccines, and reviews of vaccine studies that are published, merely mimic the original spurious or deceptive conclusions.

Another ploy used by vaccine proponents is to design studies comparing vaccinated people to other vaccinated people. Honest studies would compare vaccinated people to an *unvaccinated* population. For example, the clinical safety studies for the pneumococcal vaccine compared the number of adverse reactions in a group of infants who received the new shot, to a "control" group of infants who received a meningococcal vaccine and a DTaP shot.[8] This created the illusion of a similar safety profile. The group receiving the new vaccine was never compared to a true control group of unvaccinated infants.

Vaccine control groups rarely receive a true placebo, which should be a harmless substance. The scientific method has always been predicated upon removing all potentially confounding influences. However, many vaccine studies do not conform to this integral component of valid research. This is an important concept to grasp. For example, when the HPV vaccine was tested for safety, one group of female teenagers was injected with the experimental HPV vaccine (which is manufactured with an aluminum adjuvant to stimulate antibodies) while the "control" group received an injection of aluminum as well (rather than a harmless substance).[9]

When a new rotavirus vaccine was tested for safety, the "control" group received a placebo that "had the same constituents as the active vaccine but without the vaccine virus." Thus, the control group received a solution containing ferric (III) nitrate, magnesium sulfate, phenol red, and 10 additional chemical substances — everything that was in the experimental vaccine minus the rotavirus.[10] When new vaccines are compared to other vaccines or to placebos that are not harmless, the rate of adverse reactions in the control group will be artificially high making the new vaccine appear safer than it really is. Whenever this deceptive tactic is utilized, the manufacturer may claim that its new vaccine has a "non-inferior" safety profile.

Some clinical studies that are used to license vaccines exclude people in certain groups. For example, they may be too young, too old, pregnant, ill, or have other preexisting health ailments. However, once the vaccine is licensed, it may be recommended for people in these groups. Much like using false placebos, this unethical practice artificially inflates the vaccine's safety profile and places more people at risk of adverse reactions. For example, the *New England Journal of Medicine* published a large study that looked at whether administering Thimerosal-containing vaccines to infants is safe. However, this study excluded infants from the study if their birth weight was less than 5.5 pounds[5] — even though low birth weight infants are more likely to have serious reactions to Thimerosal-containing vaccines and low birth weight infants throughout society received them! (Vaccines are not adjusted for the weight of the child. Today, a 6-

pound newborn receives the same dose of hepatitis B vaccine — with the same amount of aluminum and formaldehyde — as a 12-pound toddler.)

In another study, 73 percent of all children that were hospitalized after being infected with chickenpox (varicella) were healthy before contracting the disease; just 27 percent had preexisting health problems. (A small number of children who contract varicella experience serious complications. Many of these children have preexisting health problems, such as AIDS, leukemia or cancer. However, it's easier to convince parents to vaccinate their children against a relatively benign disease such as chickenpox — and to justify mandating this shot for *all* children — if a larger percentage of those who experience complications of varicella are *healthy,* rather than *unhealthy,* before the onset of the ailment. This is because it's frightening to imagine that your normal child could be devastated by a common disease. Thus, after the chickenpox vaccine was licensed, several articles began to appear asserting that such complications occur "predominantly" in children in whom one would not predict problems.) However, one very important bit of information was easy to miss if you only skimmed the study — *it excluded oncology patients!* In other words, this "study" omitted *unhealthy* children (with cancer) from analysis, then claimed that serious complications mainly occurred in *healthy* boys and girls.[11]

Vaccine studies may be funded by pharmaceutical companies that have a financial interest in the outcome. Lead authors of crucial studies that are used to validate the safety or efficacy of a vaccine are often beholden to the manufacturer in some way. They may own stock in the company or may be paid by the manufacturer to travel around the country promoting their vaccines. Lead authors may receive consultation fees, grants or other benefits from the drug maker. For example, the large pharmaceutical company that manufactured the shingles vaccine (Merck) participated in oversight activities and monitored the progress of the primary study that was used to justify licensing this vaccine. In addition, some leading authors of this study received consultation fees, lecture fees, and honoraria from Merck. Some study authors received grant support from Merck or owned stock in the company while concurrently working on the study, or had "partial interests in relevant patents."[12]

Several of the authors of the main clinical study on the efficacy of the HPV vaccine — the FDA looks at this study to determine if this vaccine should be licensed — were either current or former employees of the HPV manufacturer. Some of the study authors had an equity interest or held stock options in this company. Several of the study authors received consulting fees from or served on paid advisory boards to this company.[13] These practices contravene ethical boundaries and compromise the integrity of the study. When important vaccine studies are jeopardized by conflicts of interest, generations of people — and society itself — are placed at risk.

Vaccine Risks, Adverse Reactions and Death

Although some studies are mere propaganda, part of a larger disinformation campaign designed to promote a vaccine agenda, other studies link vaccines to debilitating and fatal diseases. For example, the *British Medical Journal* and *Autoimmunity* published data correlating the haemophilus influenzae type b (Hib) vaccine to rising rates of type 1 diabetes.[14,15] The hepatitis B vaccine has been linked to autoimmune and neurological disorders, including pediatric multiple sclerosis.[16-18] Guillain-Barré syndrome (a serious paralytic disease) is a well-known adverse reaction to the flu vaccine. These are just a few of the many scientifically documented correlations between vaccines and incapacitating ailments.

Vaccine adverse reaction rates have become unacceptably high. For example, according to the FDA, FluMist (the live-virus nasal spray vaccine that is squirted up the nose) can cause "medically significant wheezing" and pneumonia. During pre-licensure clinical studies *3 percent* of all children six months to one year of age who received the vaccine ended up in the hospital with respiratory problems! Before this vaccine was approved, a large study conducted in 31 clinics showed that it caused "a statistically significant increase in asthma or reactive airways disease" in children under five years of age. Nevertheless, the FDA licensed this vaccine for children as young as two years old.[19]

With some vaccines, the number of people who experience systemic reactions, such as fever, headache, respiratory infection, muscle aches, nausea, abdominal pain, diarrhea, chills and fatigue, is very high. For example, more than 14 percent of all infants will vomit following their first pneumococcal shot.[8] A whopping 62 percent of 18-55 year-old recipients of the meningococcal vaccine will have systemic reactions.[20] (Common systemic reactions are separate from *severe* and *fatal* reactions, including neurological, immunological and paralytic disorders such as Guillain-Barré syndrome, demyelinating diseases, arthritis, anaphylactic shock, and other life-threatening conditions.) Doctors consider most systemic reactions "normal."

Some vaccines cause encephalitis (inflammation of the brain) and other nervous system disorders. Injuries caused by vaccines may be "disguised" under different names: learning disability, attention deficit, hyperactivity, epilepsy, and mental retardation, to name a few. Studies show that a disproportionate amount of violent crime is committed by individuals with neurological damage. There is increasing concern that the rise in criminal activity and other pathological behaviors (e.g., school shootings) may be related to vaccinations.

Many parents are unaware that adverse reactions are even possible, so they fail to remain alert for neurological signs and other symptoms in their babies following their vaccinations. However, *Pediatrics* published a study in which parents were specifically asked to observe any change in their baby's behavior or physical condition after a shot; just 7 percent reported no reactions at all.[21]

Vaccines may cause serious reactions, including death, yet still remain on the market. Although the FDA has removed defective toys and dog food from store shelves, once a vaccine is licensed it is rarely recalled. (The new diarrhea vaccine, Rotarix, is an exception; it was recently recalled after 35 million babies received doses contaminated with pig viruses.) The HPV vaccine illustrates this point very well. By March 2013, less than seven years after Gardasil was licensed in the United States, more than 26,000 adverse reaction reports were filed with the federal government. In the case reports submitted to the FDA, many of the vaccine recipients were stricken with serious and life-threatening disabilities, including Guillain-Barré syndrome, paralysis, loss of consciousness, seizures, convulsions, swollen body parts, chest pain, heart irregularities, kidney failure, visual disturbances, arthritis, difficulty breathing, severe rashes, persistent vomiting, miscarriages, menstrual irregularities, reproductive system complications, genital warts, vaginal lesions and HPV infection — the main reason to vaccinate. More than 10,000 teenage girls and young women were rushed to the hospital for debilitating ailments following their HPV shots; at least 120 young ladies died after receiving their HPV shots.[22] Despite these danger signs, this vaccine remains on the market.

A "Disability and Death" Tax on Vaccines

The federal government is aware that vaccines may permanently disable or kill your baby. In fact, Congress established a "disability and death" tax on childhood vaccines. When parents pay the doctor for requested shots, some of that money goes into a special fund to compensate them when their children are seriously damaged or die. As of March 2013, more than $2.5 billion was granted for thousands of injuries and deaths caused by mandated vaccines. Numerous cases are still pending. Awards were issued for permanent injuries such as learning disabilities, seizure disorders, mental retardation, paralysis, and numerous deaths, including many that were initially misclassified as sudden infant death syndrome (SIDS).[23]

The federal government maintains a poorly publicized, essentially secret, database of suspected cases of vaccine-related injuries and death. This database is known as VAERS — the Vaccine Adverse Event Reporting System. The general public is essentially unaware of the true number of people — mostly children — who have become seriously hurt or died after receiving one or more vaccines. As of March 2013, more than 350,000 reports have been filed. In fact, *every year more than 25,000 adverse reaction reports are filed with the federal government. In 2010 and 2011 alone, more than 56,000 reports were added to the database*. These include emergency hospitalizations, irreversible injuries, and deaths. Still, these numbers may be grossly underreported because the FDA estimates that 90 percent of doctors do not report reactions. A confidential study conducted by Connaught Laboratories, a vaccine manufacturer, indicated that "a *fifty-fold* underreporting of adverse events" is likely.[24] Yet, even this figure may be conservative. According to Dr. David Kessler, former FDA commissioner, "only about one percent of serious events [adverse drug reactions] are reported."[25] In other words, multiply reported vaccine reactions by 100 for a more accurate sum.

Personal and Societal Costs of Vaccine Damage

Throughout the many years that I have been researching vaccines, numerous people — mostly parents — have written to me to discuss how their children were harmed after receiving one or more vaccines. They felt compelled to share their stories with anyone who would listen, often to warn others of the dire possibilities. When we listen to vaccine victims tell their own stories, we share in their pain. This cultivates empathy and helps us to understand the full cost of vaccine damage at both personal and societal levels. Clearly, the damaged child is not the only victim; parents are traumatized when they discover that their child was seriously hurt by one or more vaccines. Families are often destroyed from the overwhelming emotional responsibility associated with caring for a vaccine-damaged child. There may be a large financial burden as well. Somebody has to pay for the medical bills and necessary treatments that might maintain, or hold the promise of improving, the health and well-being of the precious child they were entrusted to protect. Parents of vaccine-damaged children may also experience anger at the perpetrators, guilt for consenting to the vaccines, and sadness or grief for the child who will forever be missing his or her rightful wholeness in some manner. Brain impairments and immune system damage are difficult to reverse. Often, the child and family are stricken for life.

Relationships between husband and wife are greatly strained when a child is damaged by vaccines. Some marriages cannot withstand the stress. Grandparents often grieve as well, both for their damaged grandchild and the demanding family life their son or daughter is now destined to live. For example, autistic children require constant care.

Dining out at a restaurant or going to the movies is either a horrendous chore or impossible. Undamaged siblings receive less time and attention from their parents due to the special needs of their handicapped brother or sister. Everyone suffers to some degree.

There is a great communal cost as well. Many permanently damaged children will never grow up and contribute to society in a meaningful way. There is a lost brain trust because their originally anticipated creative gifts to our civilization have been short-circuited. Of course, some vaccine-damaged children make wonderful contributions to society and provide the rest of humanity with several good reasons to open our hearts while expanding our grasp of the vaccine dilemma that confronts all of us, individually and collectively.

Vaccines are Drugs

Parents need to understand that vaccines are drugs. Each one contains a proprietary blend of chemicals, pathogens, and other foreign matter. That is the nature of a vaccine. Today in the United States, children receive one vaccine at birth, eight vaccines at two months, eight vaccines at four months, nine vaccines at six months, and twelve additional vaccines between 12 and18 months. The pure and innocent baby is overdosed with 38 vaccine-drugs by the time he or she is 1½ years old! (DTaP and MMR are each given with a single injection but contain three vaccines. If you pour three separate glasses of whiskey, gin, and rum into one container, you're still ingesting *three* alcoholic drinks with all of the expected effects.) Imagine ingesting eight or nine drugs all at once. That's what babies receive. In fact, these babies are not ingesting the drugs; instead, they are usually being injected directly into their tiny bodies. When did *you* last take eight drugs all at the same time? Would you be more surprised if you *did* or *did not* have a serious reaction?

Some babies receive *more* than eight or nine vaccines at once. Since some shot dates are variable (due to "age range" flexibility built into the immunization schedule), it is permissible for babies to receive up to *13 vaccine-drugs* at their 12-month or 15-month doctor visits! (The vaccines recommended at these ages include DTaP, hepatitis B, Hib, pneumococcus, polio, flu, MMR, chickenpox, and hepatitis A.) Up to seven vaccines (for DTaP, hepatitis B, polio, flu, and hepatitis A) can be administered to babies at 18 months. Immunization schedules are similar in Canada, Australia, New Zealand, the UK and much of Europe.

Vaccines and Infant Mortality

The United States is the most vaccinated country in the world, yet it has a poor infant mortality rate. One would think that a country with *more* immunizations, which are explicitly promoted as life saving, especially for babies, would have an excellent infant death rate. However, the U.S. has one of the *worst* infant mortality rates of industrialized nations. In fact, as new vaccines are added to the recommended vaccine schedule, the U.S. infant mortality rate worsens. For example, in 1960 (before mass vaccines) the U.S. had one of the best infant mortality rates in the world. By 1998, the U.S. dropped to 28th place. By 2008, this vaccine-crazed nation fell to 45th place — worse than Cuba but ahead of Croatia.[26]

More recently, I designed and co-authored two important vaccine studies with Dr. Gary Goldman that were published in *Human and Experimental Toxicology,* a prestigious peer-reviewed journal indexed by the National Library of Medicine. In our first study, we found statistically significant correlations between international immunization schedules and infant mortality rates: *nations that require the most vaccines for their babies tend to have higher (worse) infant mortality rates.*[27] For example, the United States requires infants to receive 26 vaccines

(the most in the world) yet more than six U.S. infants die per every 1000 live births. In contrast, Sweden and Japan administer 12 vaccines to infants, the least amount, and report less than three deaths per 1000 live births. Our study also found a biologically plausible explanation for this counter-intuitive correlation: the potential for synergistic toxicity due to over-vaccination and the misclassification of baby deaths as Sudden Infant Death Syndrome (SIDS) and other non-vaccine causes. This study raises an important question: Could we reduce the number of infant deaths by administering fewer vaccines to infants?

In our second study, we found statistically significant correlations between the number of vaccine doses administered to infants and infant hospitalization and mortality rates: *babies receiving the most vaccines are the most likely to be hospitalized and die.*[28] In addition, younger infants were significantly more likely than older infants to be hospitalized or die after receiving vaccines. While each childhood vaccine has individually undergone clinical trials to assess safety, studies have not been conducted to determine the safety (or efficacy) of combining vaccines during a single physician visit as recommended by CDC guidelines. Administering 6, 7, or 8 vaccine doses to an infant during a single physician visit may be more convenient for parents — rather than making additional trips to the doctor's office — but evidence of a positive association between infant adverse reactions and the number of vaccine doses administered confirms that vaccine safety must remain the highest priority.

Weighing the Risks

If you choose not to vaccinate, there are risks involved. Your child could contract a disease for which a vaccine has been developed. Your child might also experience complications from this disease, which could be permanently debilitating or life-threatening. Of course, many people experience disease and then get well. There is evidence that when children are young and exposed to disease *naturally,* and then recover, the immune system is stimulated and strengthened. When sickness occurs, the innate intelligence of the body takes over and mounts a defense; the resourceful body usually wins the battle. This process is necessary and appropriate because it improves the immune system's memory and capability through its disease-fighting experiences. It may be able to detect future invaders more quickly and overtake them before any damage is done. The beneficial result is that you may be healthier in later life. For example, several studies show that women are less likely to develop ovarian cancer if they have had mumps in childhood.[29-32]

Not vaccinating is just one risk; vaccinating is another. There are also risks every time you walk out of the house (and risks within your home as well). Your child could be stung by a bee, hurt in a car accident, or attacked by a shark while playing at the beach. These risks need to be weighed free of fear and bias. If you are afraid of bees, you may place more emphasis upon protecting your child from that threat, no matter how remote it may be. If you have nightmares about sharks, you may avoid the ocean. Likewise, when diseases are described in frightening detail and their risks exaggerated beyond reality, it seems as though they must be avoided at all costs. Of course, there is a ready "solution" fabricated by the vaccine industry. Simply take a vaccine — and another and another — and you will be protected. If only life were so simple.

The Marketing of Fear

With vaccines (and many drugs as well) an allopathic "solution" is often developed prior to the marketing of fear. For example, *before* the chickenpox vaccine was licensed for general use in 1995, doctors would encourage parents to expose their children to the disease while they were young.

Doctors recommended this course of action because they knew that chickenpox is relatively innocuous when contracted prior to the teenage years (but more dangerous in adolescents and adults). However, *after* the vaccine was licensed, the CDC began warning parents about the dangers of chickenpox. Doctors stopped encouraging parents to expose their children to this disease. Instead, they were told to get a chickenpox shot. A promotional campaign to frighten people about chickenpox was initiated only after the vaccine became available.

Are Vaccines Effective?

Vaccine efficacy is the most marketable aspect of preventive healthcare. Every manufacturer would like to claim that its product is effective — even when the evidence indicates otherwise. For example, every year, authorities promote the flu vaccine. However, the *British Medical Journal* recently published a report that analyzed all pertinent influenza vaccine studies and concluded there is a large gap between evidence of the flu vaccine's efficacy and influenza policies established by health agencies. Flu vaccines were shown to have little or no effect on influenza campaign objectives, such as hospital stay, time off work, or death from influenza and its complications. Flu vaccines were found to be ineffective in children under two years of age, in healthy adults under 65 years of age, and in people aged 65 years and older. In addition, there is little evidence that flu vaccines are beneficial when administered to healthcare workers to protect their patients, when given to children to minimize transmission of the virus to family contacts, or when given to vulnerable people, such as those with asthma and cystic fibrosis.[33]

Vaccine efficacy may be specious. For example, scientists presume that certain "surrogate markers" or "precancerous lesions" precede cervical cancer. With the HPV vaccine (Gardasil), they simply compared the number of these markers in women who received the vaccine to the number of these markers in women who received the placebo. However, in more than 90 percent of cases HPV infections are harmless and go away without treatment. The body's own defense system eliminates the virus. Often, women experience no signs, symptoms or health problems.

Vaccine efficacy may be deceptively marketed. When the new HPV vaccine was first introduced, it was promoted as 100 percent effective. Thus, most people innocently assumed that if females took the HPV vaccine, there would be *no* chance that they could ever be stricken with cervical cancer. Yet, numerous strains of HPV have been identified. The vaccine is only "100 percent effective" against two of these cancer-causing strains — not against cervical cancer itself. No actual cases of cervical cancer were prevented in any of the test subjects in any of the clinical studies of the HPV vaccine. In fact, during pre-licensure studies, *361 women who received at least one shot of Gardasil went on to develop precancerous lesions on their cervixes within three years.*[34]

Vaccines Do Not Target All Strains of the Disease

Gardasil is not the only vaccine that targets some strains of the disease while excluding others. The Hib and pneumococcal vaccines were also constructed in this manner and have become problematic due to "strain replacement." Scientists have discovered that when vaccines only attack some strains of a disease, other strains gain prominence. The disease becomes more virulent and people who are normally not susceptible to the ailment are infected. For example, there are several different types of haemophilus influenzae, including types a, b, c, d, e, and f. The "b" type is just one strain — the only one for which a vaccine was created — the Hib shot. Although this vaccine appears to have decreased cases of haemophilus

influenzae type b in children, *the overall rate of invasive haemophilus influenzae disease in adults increased.* Ironically, researchers do not consider this a failing of the Hib vaccine; instead, according to the National Institutes of Health, "it raises the question whether a [new] vaccine will need to be developed."[35]

The pneumococcal vaccine — Prevnar 13 — is only designed to protect against 13 of the 90 different strains that can cause pneumococcal disease. Thus, when a child is vaccinated and later stricken with pneumococcus, the vaccine is still considered "effective" if any one of the 77 other strains (not included in the vaccine) caused the disease. In addition, the *Journal of the American Medical Association* and the *Pediatric Infectious Disease Journal* recently published data showing that non-vaccine strains of pneumococcal disease were replacing strains targeted by Prevnar 7 (the earlier version of Prevnar 13).[36,37] The non-vaccine strains are more dangerous and resistant to treatment. People stricken by them are more likely to be hospitalized and to be diagnosed with life-threatening infections. (Prevnar 13 was recently licensed as an "upgrade" to the original Prevnar to temporarily address this problem.)

Vaccinating a Low-Risk Group to Protect a High-Risk Group

Sometimes vaccines are given to one group of people mainly to protect another group. For example, mass rubella vaccination campaigns were never intended to protect vaccine recipients; the disease is usually harmless when contracted by children. Instead, the goal has always been to protect the unborn fetuses of rubella-susceptible pregnant women. Authorities reasoned that if all youngsters, male and female, are vaccinated, the wild virus should theoretically have fewer hosts (people) to infect, and pregnant women would be less likely to contract the disease. Thus, when the hepatitis B vaccine was originally introduced, authorities employed this same rationale. The groups at greatest risk of contracting hepatitis B are heterosexuals engaging in unprotected sex with multiple sex partners, prostitutes, sexually active homosexual men, and intravenous drug users. Children rarely develop this disease. In the United States, less than one percent of all cases occur in persons less than 15 years of age. The disease is even more uncommon in babies and toddlers. However, "because a vaccination strategy limited to high-risk individuals has failed,"[38] and children are "accessible,"[39] they are compelled to receive the three-shot series beginning at birth. In other words, because high-risk groups are difficult to reach or have rejected this vaccine, authorities are targeting infants — even though infants are not likely to get this disease. *Infants are being subjected to all the risks of this vaccine without the expected benefit.*

Although children are not likely to contract hepatitis B, many parents allow them to receive the vaccine because they believe it will protect them as adults when they may engage in risky behaviors. However, studies show that hepatitis B vaccine recipients lose protective antibodies after 5 to 10 years. The vaccine that infants receive shortly after birth at the hospital will not be effective a few years later. Thus, booster shots are required.

Booster Shots

The promotion of multiple "booster" shots is a disturbing practice. Initially, when a new vaccine is introduced, a single shot may be recommended. Later, when the artificial immunity wears off, vaccine manufacturers and the CDC recommend one or more additional shots — boosters (to increase or *boost* the waning antibodies). With natural immunity, which is acquired by being exposed to the actual disease, protection is not meager and temporary but complete and lifelong. The child will rarely contract the disease again. This is not true with

vaccines. Oddly, the vaccine industry's answer to an ineffective vaccine is to compel more of it!

Unvaccinated Children

Unvaccinated children are often sent home from school during outbreaks of measles, mumps, and other contagious diseases. For example, I received the following letter from a distraught mother:

> My daughter was just removed from school for 21 days due to an outbreak of chickenpox. She is six years old and in the first grade. We are very upset.

Ironically, these children are not sent home for their own protection. On the contrary, doctors claim that unvaccinated children will spread disease. Of course, this does not make sense (unless we consider it a veiled confession of vaccine inefficacy). How is it possible for an unvaccinated child to imperil vaccinated children? If the shots are effective, then vaccinated children should be protected.

Parents of unvaccinated children are more educated than parents who follow official immunization recommendations. For example, a recent study conducted by the CDC discovered that vaccinated children tend to have mothers who are poor, unmarried and did not go to college. Unvaccinated children tend to have mothers who are financially stable, married, and have a college degree.[40] Another study, published in the *American Journal of Public Health,* found that vaccinated children are more likely to have mothers without a high school diploma. Unvaccinated kids are more likely to have mothers who graduated from college.[41]

Profiting from Vaccines

Today, new vaccines are being introduced to counteract problems caused by old vaccines. For instance, a herpes zoster (shingles) vaccine was recently introduced to control a shingles epidemic that is expected to last for more than 50 years. Research has shown that this epidemic was caused by the "success" of the chickenpox vaccine.[42,43] Both shots were developed by the same pharmaceutical company. (That's a lucrative business!)

In April 2013, Canadian researchers published a study outlining their plan to develop a new vaccine to help control symptoms of autism.[44] This is painfully ironic considering that many parents and vaccine researchers believe that vaccines are largely responsible for *causing* regressive autism.

High-ranking members of the U.S. government are aware of shortcomings associated with the vaccine program. Hearings are regularly held to highlight problems with individual vaccines as well as to investigate the integrity of the vaccine program itself. For example, a June 2000 Congressional hearing on "Conflicts of Interest and Vaccine Development" revealed that members of the exclusive FDA and CDC committees that are responsible for licensing and recommending vaccines for all children in the U.S. are permitted to have financial stakes in those vaccines. For example, one member of the FDA committee who voted to license a dangerous vaccine received $255,000 per year in research funds from the drug company that made the vaccine. One member of the CDC committee who voted to recommend this dangerous vaccine for all U.S. children held a lucrative patent on a similar vaccine under development and was also paid by the drug industry to travel around the country promoting the safety of vaccines.[45] (This vaccine was eventually removed from the market after causing severe intestinal injuries in numerous babies.)

According to Congressman Dan Burton, who chaired the Congressional hearing, "No individual who stands to gain financially from the decisions regarding vaccines that may be mandated for use should be participating in the discussion or policy-making for vaccines." Yet, no one at the FDA, CDC, or Department of Health and Human Services (HHS) was willing to acknowledge a problem. Instead, they continued business as usual. Sadly, despite these apparent financial conflicts of interest, our law-makers remain powerless to bring about meaningful change.

The crowded childhood vaccination schedule, complete with a mandatory market, has proven to be a perpetual windfall for industry insiders. Yet, the real money may be in adolescent and adult vaccines. Preteens and teen-agers are already being inoculated with vaccines for tetanus, diphtheria, pertussis, HPV, meningo-coccal, pneumococcal, flu, hepatitis A, B, polio, MMR and chickenpox. Other shots designed for this age group are in the pipeline. Authorities are "building a platform" for routinely vaccinating members of this lucrative market.

Future trends in the global vaccine market indicate that pediatric vaccines currently occupy a higher market share, but this trend will shift toward adult vaccines. Adults are already being inoculated with vaccines for tetanus, diphtheria, pertussis, HPV, meningococcal, pneumococcal, flu, hepatitis A, B, MMR, chickenpox, and herpes zoster. Yet, "addiction" vaccines will have a growth of over 100 percent after their launch, and cancer vaccines will grow rapidly within the next few years. The global vaccine market has grown exponentially during the past several years and was expected to achieve $34 billion in annual sales by 2013. Of course, the United States is the largest market for vaccines which are more profitable than generic pharmaceutical drugs.

Protecting Children

Several mothers have told me the following nearly identical story, which I paraphrase. It reveals so much about the loss of maternal instinct and the undue authority our society invests in allopathic physicians:

> I took my child in for his 2-month vaccines. A short time later (this could be anywhere from one hour to two or three days) he had a horrible reaction (convulsions, seizures, loss of consciousness, etc.) and ended up in the emergency room. My child spent a lot of time (this could be anywhere from one day to two weeks) at the hospital while doctors performed numerous tests. I think the vaccines caused my child's serious reaction (because he was fine until he got his shots) but my doctor said that it was just a coincidence, that the many vaccines my child received right before he had his reaction had nothing to do with it. My doctor said it was caused by something else, although no one knows what this might be.

The story doesn't end here; it continues:

> When my child's 4-month vaccines were due, I was afraid to take him back to the doctor. I was pretty sure that his 2-month vaccines caused his earlier hospitalization, but my doctor (or the nurse) told me horror stories about unvaccinated babies. I was afraid, so I let the doctor vaccinate my child a second time. Once again, he ended up at the hospital, this time fighting for his life. And, once again everyone told me the vaccines had nothing to do with it.

Now the story takes a twist:

> The reason I am telling this to you is because it's time for my child's 6-month vaccines. Of course I am terrified of the vaccines and very afraid that if I take my child in, he won't survive this time. However, the doctor told me that my child needs his shots. What do you think I should do?

Of course, I never give advice. Parents must make this decision on their own. What I want to tell them, is: "Wake up! What happened to your protective impulse? Have you sold it out to these so-called experts? Do they live every day with your precious child and know him or her more than you do? Yes, sometimes the world seems like a scary place and confronting authority may be more than you wish to handle. But this is your child. When will you take a stand on his or her behalf?"

Many parents have awakened, but not always before some damage has accrued. I recently received the following letter:

> I have four children. The first three were regularly vaccinated as required. A friend of mine lost a child hours after being vaccinated and she alerted me to the hazards. Our fourth child was not vaccinated and is the only one who is not enrolled in Special Education like the rest of her siblings.

Writing about vaccines is like traveling into the mythological underworld where Hades rules. It is a dark and dismal realm where innocent babies and their families are deeply traumatized. The call for a higher power is resounding. Vaccines may have some benefits in the minds of proponents but these have to be weighed against *true* safety and protection deficiencies.

Additional Research and Informed Consent

I do not have an agenda other than to alert the populace to an existing and expanding problem. Much more needs to be done to awaken the masses and convince authorities that our current preventive healthcare paradigm is defective, requiring immediate attention. If you are aware and capable, please find your voice and speak out. I envision a society where 1) everyone is free to choose for or against vaccines, and 2) they have a more thorough understanding of vaccines before making their decisions — informed consent. Parents are not getting complete information from their doctors. Moreover, authorities bully parents into giving additional shots to their children even after previous doses caused severe reactions. Thus, educating yourself about vaccines from multiple sources is essential to overcome confusion, to establish confidence with your healthcare decisions, and to maintain equanimity when facing intimidation and coercion.

After thoroughly researching vaccines, your sensibilities may be overwhelmed. The implications are immense. Some people will be outraged by what they discover. Something is very wrong with our vaccine industry, and now they'll know it. What can be done? Others will be incensed for different reasons and will complain whenever vaccine benefits are not emphasized. Avid vaccine proponents do not want parents and health practitioners to have access to alternative sources of vaccine information. Instead, they want you and your family to rely upon "official" pronouncements regarding vaccine safety and protection, information that often conflicts with the studies and other data easily accessible with diligent effort.

Vaccines are not appropriate for everyone. Some people know this but are afraid to face their doctor, family, and friends. Ultimately, the decision to vaccinate or not remains with the individual or parents of the child. Doctors cannot and will not take responsibility if you or your children are damaged from vaccines. Thus, decisions should be made only after examining credible evidence from several sources. In addition, critical thinking should be exercised when interpreting information. I encourage everyone to substantiate all of the vaccine data they are able to uncover and to research this topic even further if questions still remain. You are entitled to the facts about vaccines, and are responsible for obtaining as much information as possible regarding the safety, efficacy, benefits and risks of vaccination.

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