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All Vaccines Are Safe and Effective… Or Are They?

"All the so-called original science used to justify the Covid-19 Vaccine release and mandate for the world's entire population has now been shown to contain faulty and inaccurate information"

By Dr. Gary Null
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Theme: Science and Medicine

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If there is one overarching message that has come from the scientist and physician whistleblowers who have informed and warned us about the Covid-19 vaccines over the last three years — from people who were formerly esteemed within the medical establishment and who believe in vaccines and used them in their medical practices — it is that the Covid-19 vaccines have been shown to be neither safe nor effective.

All the so-called original science used to justify their rapid release and mandate for the world's entire population has now been shown to contain faulty and inaccurate information.

At this time, we're seeing many peer-reviewed articles published by independent scientists showing that virtually everything that we were instructed to do and which we obeyed was incorrect.[i] [ii] [iii] [iv] [v] [vi] [vii] [viiiix] [x] [xi] [xii] [xiii] [xiv] [xv] [xvi] [xvii] [xviii]

The latest count of those injured or dead, from Edward Dowd and a group of PhDs and scientists associated with him, indicates that about twelve million people have been injured by the Covid-19 vaccines; over 1.2 million had serious injuries, some permanent; and three hundred thousand people are dead.[xix] [xx] [xxi]

In 1976, with the promotion of the swine flu epidemic and the rush for a vaccine, there were twenty people dead out of forty million vaccinated, and the vaccines were immediately halted and taken off the market.[xxii] [xxiii]

But now we have a very unusual phenomenon. The VAERS system (Vaccine Adverse Event Reporting System), reporting to which is voluntary, has been grossly understating injuries and mortalities with respect to the Covid-19 vaccines.[xxiv] [xxv] [xxvi] [xxvii]

Therefore, there is no accurate government accounting on those figures. How do we know that?

Besides the revelations from the Harvard Pilgrim study, Dr. Jessica Rose and others who have reported on the shortcomings of VAERS, the media has been unwilling to interview nurse and physician whistleblowers from the medical system, including those in emergency rooms, hospitals and nursing homes, who have witnessed and are continuing to witness injuries and deaths that have not been reported to VAERS or the reporting systems of other countries.[xxviii] [xxix] [xxx] [xxxi] [xxxii] [xxxiii] [xxxiv] [xxxv] [xxxvi] [xxxvii] [xxxviii] [xxxix] [xl] [xli] These people have bravely spoken out about this, risking their jobs and livelihoods.

Many of these whistleblowers tell us that they were threatened and actually lost their jobs for reporting these injuries and deaths.[xlii] They tell us there have been widespread sanctions for medical professionals who want to report accurate data to VAERS.

The CDC, the FDA, the NIAID, and the WHO have refused to provide in-depth, accurate information on injuries and deaths.

Indeed, the government continues to act as if none of the hundreds of independent studies showing the dangers of the Covid-19 vaccines and their lack of efficacy were ever published.[xliii] [xliv] [xlv] [xlvi]

And all of us who have known what is happening have been horrified to see it go on before our eyes. It has been an awakening for many of us, to see the corruption and greed that can overtake an otherwise altruistic profession, which exists to help people and save their lives. It has been chilling to see our friends and colleagues deceived, people we trust, whom we have known to be good people trying to do good work, participate in what is now apparent are crimes against humanity.

But is this really the first time this story has been told? Many of us may think that it is. Many of us believe that vaccines are generally safe and effective. We are inclined to think that *this* is the exception. The story of vaccine safety and efficacy, of vaccines' role in *saving lives,* has been told to us repeatedly, often by the same voices now promoting the Covid vaccines, trying to assuage us that they really are safe and effective, trying to convince us that the mounting tally of deaths and injuries does not exist.

Many of us may think that the tragedy unfolding as a result of the authorization of the Covid-19 vaccines is an aberration in an otherwise clean and successful history of the use of vaccines to promote and protect public health.

But is this true? As it turns out, a great deal of evidence suggests otherwise. What if the massive atrocity committed through the global use of Covid-19 vaccines were just one more chapter in a long history of the misrepresentation of the safety and efficacy of vaccines, and the cover-up of the deaths and injuries that have followed in their wake?

If you follow the trail of evidence left in the peer-reviewed science, in lawsuits, in FOIA-released documents, in whistleblower, physician and personal testimonials, it starts to look as if this scenario is not new at all, but has played itself out over and over again. The question we should be asking ourselves, as we cope with the weight of the problem we are facing, is: was it true that the vaccines we had accepted before were safe and effective? Did

they do good, or did they do harm?

We believe it is time for the pediatricians, obstetricians, family doctors, and groups who have historically supported the use of vaccines to do comprehensive, honest and objective research into the results of the use of other vaccines, including those on annual vaccine schedules for children.

They're all touted as "safe and effective." They're all recommended, including the flu vaccine.[xlvii] [xlviii]

What we're about to share represents more than 30 years of research on this topic, including an in-depth examination of the toxicological data and a look at how many vaccines have undergone clinical trials evaluating active vaccine against a placebo, in which the placebo was a saline solution instead of another vaccine.

This is not to embarrass anyone. We have been told a story that wasn't true, and we believed it. This is not a crime, but now that we have seen what can happen when a set of false beliefs guides decision-making for global public health, we need to look more deeply to discover the whole truth about all vaccines. The following information is meant to offer a broader understanding of the way the collective hubris which has taken root within the medical and scientific community has blinded us from seeing the truth hidden beneath deceptive scholarship, elevated through tenacious marketing to the position of the gold standard in medicine.

What we are presenting are just a few examples from what has become a mountain of evidence that vaccines, now and throughout history, are not and have not been safe or effective.

Whooping Cough

Let's begin with just one, the diphtheria, pertussis and tetanus vaccine and its safety and efficacy in controlling pertussis, or whooping cough. Has it been effective?

The late Vincent A. Fulginiti. M.D., a noted pediatrician and spokesman for the American Academy of Pediatrics, wrote,

> "Prior to the widespread use of pertussis vaccine, both the incidence of pertussis and the case-fatality ratio declined. A 50-fold reduction in incidence and an 84 percent reduction in case fatality were recorded in Great Britain in the years between 1947 and 1972…. These data suggest that pertussis virulence was declining before the pertussis vaccine and that the incidence of the disease continued to fall… both before and after the introduction of the vaccine. To further complicate the analysis [of the efficacy of the vaccine], several studies… have shown results varying from no effect through 20 percent protection to 80 percent protection."

Vaccine researcher Harris Coulter points out that the decline in fatalities from pertussis parallels declines in other infectious diseases — scarlet fever, measles, influenza, tuberculosis, and typhoid. Coulter notes that these declines occurred alongside improved sanitation, nutrition and housing, resulting in overall health, and cannot be attributed to mass vaccination programs. In addition, antibiotics, which were successful in controlling secondary infections such as pneumonia and bronchitis, improved a child's likelihood of

surviving whooping cough.[xlix]

So there is doubt about the efficacy of the DPT vaccine; it may not have been responsible in controlling pertussis at all. But what about its safety?

In the late 1940s, doctors and government health officials campaigned strongly for mass immunization against pertussis. There had been no studies on its safety or efficacy, so the push to vaccinate America's children was an entirely experimental undertaking.

In the 1930s, 40s, 50s, and 60s there were reports of pertussis vaccine toxicity. All along, the reports were there, and vaccination continued. In 1933 a doctor reported two infants had died immediately after vaccination; other reports were of children who developed high fevers, convulsions and collapse. In 1948, two Harvard researchers followed fifteen children who had severe reactions within 72 hours of vaccination, who had all been normal prior. Over eight months, of the fifteen children, only one recovered during the period of observation. Among the symptoms suffered by the other children were convulsions; blindness; deafness; spasticity; helplessness; damaged nervous systems and "a long downhill course ending in death."[l] But what of other children all over America who were not studied? What happened to them? How had the state of their health been altered, months or years later, from the course it would have naturally taken without vaccination? This is unknown.

According to vaccine researcher Harris Coulter, author of *A Shot in the Dark*, while severe reactions such as mental retardation, convulsive seizures and paralysis may affect only a small minority, other reactions may go unrecognized: children may develop chronic infections, behavioral problems, such as hyperactivity; they may be slow to develop and have learning disabilities.[li]

The reports and studies of DPT toxicity grew over the years. In 1953, a list of 82 cases of pertussis vaccine damage was put together. In 1958, 107 such cases were documented in the medical literature. Thirty-one of these showed signs of permanent damage. Between 1946 and 1957, large-scale studies conducted in Britain showed that a significant number of children suffered from convulsions after receiving the vaccination, though a connection to the vaccines was denied by the medical establishment. From this study, the British and American medical communities both concluded that the vaccination was safe.[lii]

In 1960, a Swedish researcher stated "the incidence of neurological complications after pertussis does not appear to be as high as that after vaccination," noting the decrease in the severity of the disease itself. He concluded, "It is questionable whether universal vaccination against it is justified."[liii]

In 1961, an American physician recognized a reluctance on the part of parents to bring their children in for further DPT vaccinations because of violent reactions to previous shots. He collected data from 52 cases, and found six had collapsed, 14 had persistent vomiting, and 13, uncontrollable screaming. These reports did not stop the American medical establishment and government health authorities, and by the mld-1950s, the vaccination program was in full swing.[liv]

In 1974 British physicians released a report on their study of 36 cases of neurological illness

thought to be attributable to the vaccine. Of these cases, two died, four recovered completely, one was permanently paralyzed on one side, four were mentally retarded, three had epilepsy, and 22 were retarded and had epilepsy. The report was the basis of a television program and is believed to have triggered the dramatic decline in vaccination from 80 percent to 30 percent of British schoolchildren over the succeeding four years. That same year another British researcher estimated that an average of 80 cases of severe neurological damage resulted from the pertussis vaccine annually. It was not until 1978 that the Food and Drug Administration, the agency responsible for monitoring the safety of drugs in this country, commissioned its first study of the effects of the DPT shot — some 30 years after it had been in wide use here and a good ten years after most states had passed legislation requiring pertussis vaccination for entry into school.[lv]

The two-year study, conducted at U.C.L.A. was like so many other medical investigations in that it was riddled with statistical manipulations, misleading statements. and unwarranted conclusions. The U.C.L.A.-F.D.A. study showed a significant number of adverse reactions to the DPT vaccine, but through the magic of statistical manipulation, downplayed the importance of these often severe reactions and concluded that "this study supports the conclusion of others that the benefits of pertussis immunization far outweigh the risks."[lvi]

The flaws in this study were easily detectable. The data was compiled in terms of numbers of vaccinations, not numbers of children who received them (DPT is a multiple injection). This resulted in a much larger denominator against which adverse reactions were measured. Children in the study were prescreened for any conditions that might predispose them to such responses. In doing so, the study failed to replicate normal distribution of the vaccine in the general population. The study did not recognize high-pitched screaming as an adverse reaction, even though many physicians consider it a symptom of central-nervous-system irritation. Follow-up on children who showed severe reaction was limited to just a few weeks, and the F.D.A. did not recognize reactions that occurred more than 48 hours after the actual injection.[lvii]

In attempting to estimate the total number of children who have been damaged by the vaccine, Harris Coulter said,

> "We concluded that a number of children die from the vaccine. There are about 8,000 or 9,000 cases of sudden infant death (S.I.D.) per year in the United States. The vaccine authorities admit that they can't tell the difference between the case of a child dying from vaccination and the case of a child dying from some other cause. So they are both classified as Sudden Infant Death from unknown causes. So the question is how many of these cases of S.I.D. might be due to the vaccine. We estimated, and it is really difficult to tell how accurate the estimate is, that probably a quarter to a half were caused by a vaccine. The same may be true for children with epilepsy. There are 25,000 children born every year in the United States who are diagnosed as being epileptic from birth. But those children are first diagnosed after each has had four DPT shots already. Since it has been reported that the DPT vaccine can cause seizures or epilepsy, how many cases of infant epilepsy are congenital, and how many really are caused by the vaccine? Nobody really knows."[lviii]

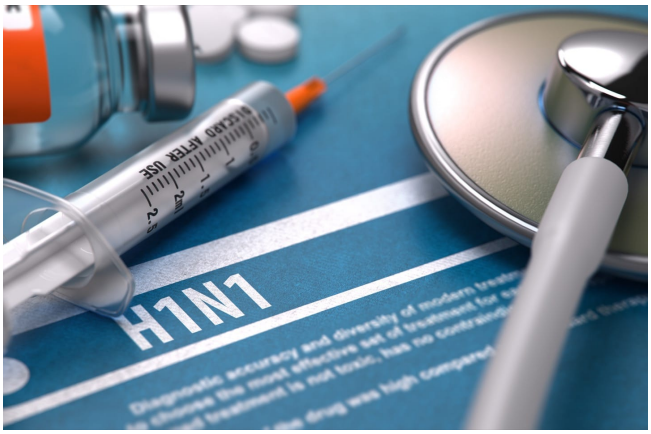
1986 National Childhood Vaccine Injury Act

But these red flags did not slow down the vaccine manufacturers or medical establishment in the drive to vaccinate America's children. Instead, the vaccination lobby grew. The lobby persuaded Congress to fund the National Childhood Vaccine Injury Act of 1986, which assigned the financial responsibility for illnesses caused by the vaccine to the U.S. government rather than vaccine manufacturers. Anthony Morris, PhD, a research scholar who spent more than 30 years studying vaccines at the National Institutes of Health and the FDA testified to a House subcommittee prior to its being passed, saying

> "My urgent plea to the members of this subcommittee is: do not fund the compensation program of the National Childhood Vaccine Injury Act of 1986. This program, in my judgment, will be found to be a black hole for tax-payers' dollars, to be an escape from just responsibility by manufacturers and medical practitioners for their product and their practices, and to be an injustice to children who will be irreparably harmed by mandated vaccine injections."[lix]

Despite his warnings, it was passed.

Swine Flu



The swine flu vaccine mentioned earlier — that was in 1976, ten years before it was legislated that American taxpayers would foot the bill for vaccine companies' malfeasance. The Justice Department reported that six years after the end of the swine-flu program, 1,571 lawsuits had been filed against the federal government for compensation, which it agreed to provide when the insurance industry deemed it too bad a risk. 290 suits were settled for $57 million and an additional 693 were still pending with total compensation of over $1 billion being sought by plaintiffs.[lx] And was this vaccine administered to millions of Americans justified by panic over a visible public-health onslaught of an extremely dangerous and deadly disease? How deadly was the swine flu of 1976?

The swine flu struck America when, in 1976, Private David Lewis collapsed and died in a matter of hours at Fort Knox, New Jersey. His death was traced to a virus that was related to the swine flu. Some medical authorities feared that this was just the first case of what could turn out to be a new epidemic of the disease. In the years after Lewis' death, no other similar fatalities were reported. A nationwide search turned up a few isolated cases.[lxi] Does this sound familiar?

Vaccine Adverse Event Reporting System

As we've seen, lawsuit payouts were accumulating in the ledgers of vaccine-makers, and this was handily transferred to the American taxpayer through the 1986 National Childhood Vaccine Injury Act. What happened after the establishment of the 1986 National Childhood Vaccine Injury Act? Did this slow down the rate of injuries?

One of the stipulations of this law was for injury surveillance, to behave as an early warning system, which resulted in the establishment of the Vaccine Adverse Event Reporting System (VAERS). Monitoring of injuries through VAERS began in 1990. And one might think that vaccine injuries must have been very low then, or childhood vaccination could not have continued and grown as it has until today.

Well, actually, between 1991 and 1994, 38,787 adverse reactions following vaccination were reported to VAERS according to an October 1997 article in the Journal of Pediatrics. Most of these reports occurred within 2 weeks after vaccination.

These reactions included less serious reactions as well as deaths. This is what the early warning system told us, and we paid it no heed. Not only are these numbers a fraction of the actual numbers—since all along, VAERS has been found to under-report, with between 3 and 10 percent of injuries being reported—but these are only acute, short-term reactions. This data does not account for long-term complications, or illnesses with a delayed onset. A recent review of VAERS data conducted by Columbia University estimated that there were upwards of 187,000 vaccine-related deaths during a seven-month period between February and August 2021. This is a twenty-fold increase over the CDC's figures. The Columbia researchers expressed their greatest concern about vaccinating children. The report states, "the risks of Covid vaccines and boosters outweigh the benefits in children, young adults and older adults with low occupational risk or previous coronavirus exposure." They also concluded that VAERS is unsuited for estimating life-threatening events or vaccine-induced fatality rates.

On the CDC's webpage for VAERS, among all the written text, only two phrases are highlighted in bold:

> "A report to VAERS does not mean that a vaccine caused an adverse event;"
>
> "VAERS data alone cannot determine if the vaccine caused the reported adverse event."[lxii]

This is the relationship CDC chooses to emphasize regarding the role a vaccine may have played in causing an injury. But if the sum of these reports means nothing conclusive, what is the system for?

Autism and Adjuvants

Of course, VAERS data is not the only sector from which emerges evidence that vaccines are causing harm. Another source of information is the vaccine lawsuit awards: according to the records of the vaccine court set up under the 1986 act, as of 2019, over $4 billion had been paid out since its launch.[lxiii]

But there is another early warning system that has been entirely ignored by the arbiters of

public health. The push to “believe all women” when they speak of their experiences of sexual assault has, for some reason, not taken hold with respect to their accounts of their children regressing into autism after vaccination. Over 2 million mothers have watched as their beautiful, healthy, vibrant children — babies and toddlers who were curious, speaking and learning new words, making eye contact, smiling and laughing, in other words, who were developing normally — suddenly, shortly after a routine appointment with their pediatricians, stopped speaking, stopped making eye contact, stopped responding to external stimuli, had low affect, seemed uncomfortable and unhappy; and were subsequently diagnosed with autism spectrum disorder. Why is it that it has been so difficult for us to believe these women — not even a lobby, not an organized group of political activists with an agenda, but individual women having the same experience all over our country? Why do we feel skeptical, feel a barrier go up inside us when someone begins to say the words autism and vaccine in the same sentence? The science doesn’t support a connection, we’ve been told. But what does the science actually show?

According to the CDC, as of March 2023, the rate of autism is 1 in 36 children. In 2018, the rate was 1 in 44.[lxiv] But even decades ago, in June 2000, autism rates were skyrocketing, and Robert F. Kennedy, Jr. was trying to find out why. He came upon a transcript, released through a Freedom of Information Act request, of the secret Simsponwood conference for Scientific Review of Vaccine Safety Datalink Information, held in 2000 in Norcross, Georgia.

This conference included top officials from FDA, CDC, the British health ministry and top pharmaceutical executives, and was held to discuss the results of a major study evaluating the negative effects of thimerosal, a mercury-based preservative used in vaccines, present in over 30 US-licensed vaccines.[lxv] To put things in perspective, these were not trace amounts of ethyl-mercury which were being injected into children; if a mother followed the vaccination schedule recommended by CDC, depending on the manufacturer of the vaccines, infants were receiving doses of between 0.0 to 187.5 mcg of ethyl mercury; total exposure over 18 months could be as high as 237.5 mcg. The EPA advised .1 mcg per kilogram per day as a maximum dose of ethyl mercury; so if an 11 pound infant received all thimerosal-containing vaccines at a 2 month visit, her exposure on that day would be 62.5 mcg of ethyl mercury, 125 times the EPA guidelines.[lxvi]

At the Simpsonwood conference, Dr. Tom Verstraeten, an epidemiologist from CDC, presented his findings to the group, concluding: “the screening analysis suggests a possible association between certain neurologic developmental disorders. Namely tics, attention deficit disorder, speech and language disorders and exposure to mercury from Thimerosal containing vaccines before the age of six months.”[lxvii]

And what happened next? Did the experts in attendance say,

> “We have to take these off the market immediately. If this is true, we’ve made a terrible mistake and we owe the public an apology and reparations.”

Actually, no. The conference transcript documents that the people in attendance speak over one another with questions, try to minimize the results; that WHO director John Clements expresses doubt that the study should have been conducted at all since

> “the outcome of it could have, to some extent, been predicted… how we handle it from here is extremely problematic.” Then the doctors agree to “embargo”

the information until a meeting scheduled for later that month; and they never released it at all. Verstraeten's study wasn't published until three and a half years later in 2003, but only after the conclusion was re-written. His original conclusion had pointed to a causal link between ethyl mercury from thimerosal containing vaccines administered in the first month of life and neurologic development impairment in children, and called for further confirmatory studies;[lxviii] but the rewritten conclusion states, "No consistent significant associations were found between thimerosal containing vaccines and neurodevelopmental outcomes. Conflicting results were found at different HMOs for certain outcomes. For resolving the conflicting findings, studies with uniform neurodevelopmental assessments of children with a range of cumulative thimerosal exposures are needed."[lxix]

But that's just one study, right? Actually, those data were from Verstraeten's fourth attempt to conduct a study that would produce results showing no correlation between thimerosal and childhood neurological problems. The first three studies, stubbornly, also showed a correlation. In an email to a colleague, Verstraeten wrote: "I do not wish to be the advocate of the anti-vaccine lobby and sound like being convinced that thimerosal is or was harmful, but at least I feel we should use sound scientific argumentation and not let our standards be dictated by our desire to disprove an unpleasant theory." [lxx]

A report by SafeMinds published in October 2003 documents how the CDC developed and modified the protocol for its vaccine safety datalink study between 1999 and 2003, so that by the end of 2003, four generations of modifications had been made. Each time "subtle but powerful changes" were made to its original study protocol so that "troubling findings were obscured or made less significant."[lxxi] The evidence of foul play in the case of thimerosal was also documented by Brian Hooker and his colleagues in their 2014 article titled "Methodological Issues and Evidence of Malfeasance in Research Purporting to Show Thimerosal in Vaccines Is Safe."[lxxii]

In attendance at the conference, Dr. David Johnson, the State Public Health Officer in Michigan and a member of the Advisory Committee on Immunization Practices (ACIP) expressed a reservation at having his new-born grandson vaccinated with a thimerosal-containing vaccine; but only his grandson seemed to concern him, not the rest of the country's children, who continued to be vaccinated with thimerosal until public protest grew to a degree that the substance was removed from most childhood vaccines. Sadly, thimerosal could have been removed from these vaccines as early as 1999, when the pharmaceutical companies that manufactured them offered to remove it in September; but the CDC opted to wait until 2002 after all thimerosal-containing vaccine lots had expired to officially end its use.[lxxiii]

Around the same time as the Simpsonwood conference, private medical consultant Barry Rumack, MD, medical toxicologist and pediatrician, was hired by the FDA to review the mercury levels in children with an eye toward childhood vaccines. According to his findings,

> "There was no point in time from birth to approximately 16-18 months of age that infants were below the EPA guidelines for allowable mercury exposure.... In fact, according to the models, blood and body burden levels of mercury peaked at six months of age at a shocking high level of 120 ng/L. To put this in perspective, the CDC classifies mercury poisoning as blood levels of mercury greater than 10 ng/L."[lxxiv]

Dr. Rumack notes that the FDA chose to hide this finding from the public and higher health officials.[lxxv]

By the time Kennedy published his book *Thimerosal: Let the Science Speak* in 2015, thimerosal in childhood vaccines was dwindling, but was and is today still present in multi-dose flu vaccines given to pregnant mothers. Today, any mother who takes the flu vaccine is still impacting the development of her growing child, essentially without her consent, as the risks have been belittled in public discourse. A 2012 Australian study published in the journal *Toxicological and Environmental Chemistry* concluded that there is a direct maternal transfer of ethyl mercury from pregnant mothers to the embryo/fetus.[lxxvi] It remains American federal health policy for pregnant women to receive the flu shot, which may contain 25 micrograms of mercury. CDC still claims that thimerosal is "very safe."[lxxvii] Kennedy's book documents over 400 peer-reviewed studies on the toxicity of thimerosal.[lxxviii] [lxxix]

We know that autism continued to rise even after thimerosal was removed from childhood vaccines. As mentioned, the numbers have risen even since 2018. Then was it misinformation that thimerosal was causing autism?

If thimerosal had been the only toxic ingredient in childhood vaccines, perhaps we could draw that conclusion. But it isn't.

Another culpable ingredient now used in most childhood vaccinations, and also associated with adverse neurological effects, is the adjuvant aluminum. Because the viruses in vaccines have been weakened or killed, they are unable to trigger a sufficient immune response in the body. Therefore, an adjuvant is used to hyperstimulate the immune system to start producing antibodies. Without an adjuvant, vaccines would largely be ineffective.

Since 2000, as thimerosal was being phased out, children's aluminum adjuvant burden has increased, with more vaccines being added to the CDC's vaccination schedule.[lxxx] Aluminum compounds — either as aluminum hydroxide or aluminum phosphate — are the most used adjuvants found in vaccines, including the hepatitis A and B vaccines, DTP, Hib, Pneumococcus, and the HPV vaccine or Gardasil. Each is given to children, the HPV now starting at 10 years. In the mid-1980s, a fully vaccinated child would have received 1,250 mcg of aluminum before turning 18 years of age. Today, that same fully vaccinated child would be injected with over 4,900 mcg, a four-fold increase.[lxxxi] A child's actual aluminum exposure is likely much greater because aluminum sulfate is used in the purification of municipal water. Drinking water may contain levels up to 1,000 mcg/L. An early 1996 study published in the American Academy acknowledged aluminum toxicity and adverse effects in premature infants receiving intravenous fluid therapy.[lxxxii]

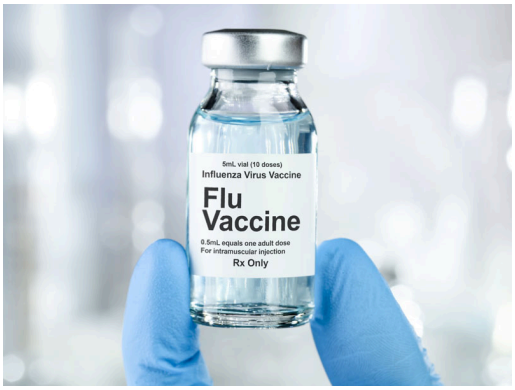
A common argument against vaccine opponents, who blame aluminum for a variety of health conditions, including autism, is that the metal is the third most prevalent element on earth. What they fail to acknowledge is our gastric-intestinal system is rather impervious to aluminum absorption.

About 2% of orally consumed aluminum from the environment is actually absorbed and much of this is later expelled from the body by other means. However, injectable and

intravenous aluminum compounds directly entering the bloodstream are a completely different matter. This is why the use of aluminum adjuvants in vaccines carries a high neurodegenerative and autism risk. Aluminum neurotoxicity in preterm infants after intravenous feeding, which then contained alum, was observed back in 1997 and reported in the New England Journal of Medicine.[lxxxiii] Thirty-nine percent of infants receiving aluminum-containing solutions developed learning problems upon entering schools compared to those receiving aluminum-free solutions.

Similar to thimerosal, aluminum is a heavy metal that contributes to oxidative stress leading to neuroinflammation and microgliosis, an intense adverse reaction of the central nervous system microglia that leads to a pathogenic results characteristic in some autism spectrum disorder conditions.[lxxxiv] The National Library of Medicine lists over 2,000 references about aluminum's toxicity to human biochemistry. Aluminum's dangers, often found as alum or aluminum hydroxide in vaccines and food preparations, have been known since 1912, when the first director of the FDA, Dr. Harvey Wiley, later resigned in disgust over its commercial use in food canning; he was also among the first government officials to ever warn about tobacco's cancer risks back in 1927.[lxxxv]

Flu Vaccine



Let's look at the record of another vaccine we hear about and are encouraged to take every year. Is the flu vaccine effective?

According to the CDC's current statements, the flu vaccines are 40-60% effective.[lxxxvi] However, actual yearly reports of flu vaccine effectiveness have fallen significantly short of this generalization, and can vary depending on who analyzes the data. During the 2014-2015 flu season, the CDC reported that the vaccine was only 23% effective.[lxxxvii] The 2017-2018 flu vaccine was claimed as 40% effective by the CDC. However, an independent study from researchers at Rice University predicted that it would be only 19 percent effective, and found that the vaccine of 2016-2017 had been 20 percent effective.[lxxxviii]

To our knowledge, only one randomized controlled trial of the flu vaccine compares vaccinated to unvaccinated subjects, rather than vaccinated subjects with those who received another vaccine, or who received the adjuvant alone without the virus. Researchers at the University of Hong Kong conducted a double-blind placebo controlled trial of the seasonal flu vaccine in children ages 6 to 15, following them for 9 months. Their results were published in 2012 in the journal *Clinical Infectious Diseases*. Out of a total of 69

vaccinated subjects, there were 20 cases of non-influenza virus, while out of 46 subjects in the placebo group, only 3 such cases were observed.[lxxxix]

In January 2020, The prestigious journal *Vaccine*, published a study conducted by the Armed Forces Health Surveillance Branch at Wright Patterson Air Force Base. Researchers investigated viral interference due to receiving the flu shot; in other words, does the flu vaccine make a recipient more susceptible to certain other non-influenza respiratory viral infections? The study's conclusions state "Vaccine derived virus interference was significantly associated with coronavirus and human metapneumovirus."[xc]

In 2019, researchers at Kaiser Permanente Northern California reviewed 45,000 medical records of patients tested positive for influenza. They charted a trend that indicates that the "risk of contracting the flu climbs about 16 percent for every 28 days after vaccination."[xci]

So there are some questions about the flu vaccine's efficacy. But is the flu vaccine safe?

In a study by Dr. Danuta Skowronski in Canada, individuals who had received the prior year's seasonal flu shot had an increased risk of becoming infected with H1N1 swine flu.[xcii] Skowronski commented on her findings that "policy makers have not yet had a chance to fully digest them [the study's conclusions] or understand the implications."[xciii] She continued,

> "Who knows, frankly? The wise man knows he knows nothing when it comes to influenza, so you always have to be cautious in speculating."[xciv]

Spontaneous abortion has been associated with influenza vaccination in the preceding 28 days, when a woman has been vaccinated the prior year with pH1N1-containing vaccine.[xcv] After receiving GlaxoSmithKline's Pandermrix influenza vaccine in 2010 during the swine flu, within weeks, Joshua Hadfield could barely wake up, sleeping up to nineteen hours a day, and would have seizures when he laughed. He was diagnosed with narcolepsy, "an incurable, debilitating condition" associated with acute brain damage.[xcvi] Pandermrix was associated with a 1400% increase in narcolepsy risk;[xcvii] a team of Finnish scientists at Finland's National Institute for Health and Welfare, recorded 800 cases of narcolepsy associated with this vaccine. Although Pandermrix was pulled from the market, the British government has paid out over 63 million GBP pounds to cover lawsuits to Pandermrix victims.

Glaxo has never admitted its flu vaccine caused brain damage. And this begs the question as to why it was withdrawn since it was the corporation's single flagship vaccine against the swine flu.[xcviii] [xcix] But it should never have been approved and released in the first place. This is a classic case of regulatory negligence by health officials and the WHO which promulgates flu vaccines around the world. Like all vaccines, which are now commonly fast-tracked through government health regulatory bodies for rapid release upon the public, it should have been tested more thoroughly and more rigorously reviewed.

Sarah Behie was 20 years old after receiving the flu shot. Three weeks later her health deteriorated dramatically. Diagnosed with Guillain-Barré syndrome, a not uncommon

adverse effect of influenza vaccination, four years later Sarah remained paralyzed from the waist down, incapable of dressing and feeding herself, and confined to in hospitals and nursing homes.[c]

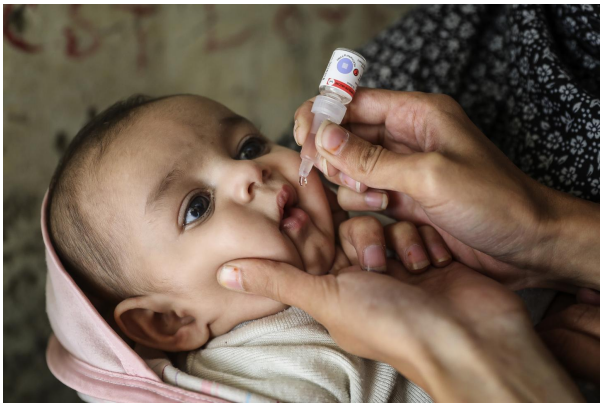
In November 2014, five senior citizens at an assisted living facility in Dacula, Georgia, died within a week after all residents were vaccinated with the flu vaccine.[ci] During the previous year's flu vaccine trials, Sanofi Pasteur's Fluzone was associated with the deaths of 23 elderly participants during the vaccine trial.

Nevertheless, the vaccine was approved and continued to be marketed towards senior citizens.[cii]Between mid-August and mid-November of 2013, according to a December 2013 report from the Department of Justice, Health and Human Services settled 139 claims for vaccine-related injury or death and compensated 70 of these. The vaccine associated with the greatest number of cases receiving compensation was the flu vaccine.[ciii] During every annual quarter, the CDC's Advisory Commission on Childhood Vaccines meets, and the Department of Justice releases its report on settlements made for vaccine injuries and deaths. Not just in the final quarter of 2013, but for a number of years, the flu vaccine topped the charts. In June 2016, 85 of the 116 cases, and 2 of the 3 deaths, settled by the vaccine court over a three month period were associated with the flu vaccine, more than all the other vaccines put together.[civ] While this might appear to be a small and insignificant number compared to the millions of vaccines administered, we have to keep in mind the vast underreporting of vaccine injuries as noted by the Harvard Pilgrim study.[cv] Many people who become unwell acutely or chronically as a result of an injury from a vaccine are unlikely ever to consider that their symptoms may be as a result of that vaccine and would therefore never report it, especially if it happens some time after the time of vaccination; if you believe what you are told by the media and health authorities, and you think vaccine injuries are extremely rare and usually mild, you would not have any reason to suspect a connection.

While vaccine-makers abandoned the use of the adjuvant thimerosal, some flu vaccines still contain it.[cvi] The CDC claims that thimerosal is safe and that ethyl mercury is easily eliminated from the human body.[cvii] A survey of all published medical research from two of the worlds largest medical databases found that neurotoxic activity of low dose thimerosal in isolated human and animal brain cells in all studies is consistent with the neurotoxic activity of mercury in general.[cviii] A study of boys given the triple series of Hepatitis B vaccine when it contained thimerosal found that they were more susceptible to developmental disability than were unvaccinated boys.[cix] In poorer communities, flu vaccines containing thimerosal have been distributed to mothers and small children. A study looking at embryonic exposure to thimerosal discovered that the mercury adversely affects early stage development of serotonergic neurons.[cx] Primate studies found mercury from thimerosal-containing vaccines affected the brain and contributed to microgliosis and neuroinflammation. These are conditions documented in an autistic brain.[cxi] A biological study looking at the effects of thimerosal in childhood vaccines given to rhesus primates found pathological evidence in the brain's amygdala that contributed to abnormalities similar to autism.[cxii] Thimerosal disrupts the respiratory functions in the mitochondria of astrocytes, the most common brain cell. The mercury's deterioration of the mitochondria

eventually leads to cell death.[cxiii] Thimerosal-exposed mice were shown to retain higher levels of inorganic mercury in their kidneys that contributes to later renal failure.[cxiv]

Polio



When faced with a barrage of peer-reviewed scientific facts confirming vaccine failures and their lack of efficacy and safety, people who have not done comprehensive research and who by default support vaccination due to being brought up in an environment which lauds them and never questions their life-saving importance to public health, will inevitably attempt to make the case that vaccines' success in eradicating polio and smallpox from the US are modern medical miracles. Yet in neither case has there been scientific confirmation that the demise of these two infectious diseases were the result of mass population vaccine campaigns.

Vaccinology does not follow a one-size-fits-all theory as the pro-vaccine industry would like us to believe. For any coherent public debate, it is necessary to critically discern each vaccine on its own terms, including its unique properties, viral infection and immune response, rates of efficacy, adverse effects, and the long term risks that may not present symptoms until years after inoculation.

Fast-tracking unsafe and poorly researched vaccines was certainly the case for one of the first polio vaccines in 1955. In fact the polio vaccine received FDA approval and licensure after two hours of review – the fastest approved drug in the FDA's history. Known as the Cutter Incident, because the vaccine was manufactured by Cutter Laboratories, within days of vaccination, 40,000 children were left with polio, 200 with severe paralysis and ten deaths. Shortly thereafter the vaccine was quickly withdrawn from circulation and abandoned.[cxv]

The CDC's website still promulgates a blatant untruth that the Salk vaccine was a modern medical success.[cxvi] [cxvii] To the contrary, officials at the National Institutes of Health were convinced that the vaccine was contributing to a rise in polio and paralysis cases in the 1950s. In 1957 Edward McBean documented in his book *The Poisoned Needle* that government officials stated the vaccine was "worthless as a preventive and dangerous to take." Some states such as Idaho where several people died after receiving the Salk vaccine, wanted to hold the vaccine makers legally liable. Dr. Salk himself testified in 1976 that his live virus vaccine, which continued to be distributed in the US until 2000, was the "principal if not sole cause" of all polio cases in the US since 1961. However, after much lobbying and political leveraging, private industry seduced the US Public Health Service to

proclaim the vaccine safe.[cxviii] Although this occurred in the 1950s, this same private industry game plan to coerce and buy off government health agencies has become epidemic with practically every vaccine brought to market during the past 50 years.

Today, US authorities proudly proclaim the nation is polio-free.[cxix] Medical authorities and advocates of mass vaccination defend the polio vaccine as an example for eradicating a virus[cxx] and proof of the unfounded "herd immune theory." Dr. Suzanne Humphries, a nephrologist and one of today's most outspoken medical critics against vaccines has documented thoroughly that polio's disappearance was a game of smoke and mirrors.[cxxi] By 1961, the polio vaccine should have been ruled a dismal failure and abandoned since more people were being paralyzed from the vaccine than wild poliovirus infection.

The 1950s mark a decade of remarkable medical achievement; it also marks a period of medicine's elevated naiveté and unwarranted idealism.

Paralysis was not only associated with polio infections but also a wide variety of other biologic and toxic agents: aseptic meningitis, Coxsackie and Echo viruses, arsenic, DDT and other industrial chemical toxins indiscriminately released upon millions of Americans.

In addition, paralytic conditions were given a variety of names in an attempt to distinguish them, although some, such as paralytic polio, aseptic meningitis and Coxsackie, were indistinguishable. One of the more devious names was Acute Flaccid Paralysis (AFP), a class of paralyses indistinguishable from the paralysis occurring in thousands within the vaccinated population. It was therefore incumbent upon health authorities to transfer polio vaccine-related injuries to non-poliovirus causation in order to salvage vaccination campaigns and relieve public fears. Dr. Humphries and her colleagues have noted a direct relationship between the increase in AFP through 2011 and government claims of declining polio infectious rates parallel with increased vaccination.[cxxii]

In 1960, the Illinois Medical Society reviewed the polio vaccination campaign and noted an average of 30,000 cases of paralysis annually that were not be reported by the federal government. The review, which became known as the Ratner report, noted that vaccine-caused paralytic cases were being given different labels by the CDC. This included renaming some cases as viral or aseptic meningitis. By modern standards, this rate of polio cases would have been defined as an epidemic.

One of the largest and most devious medical scandals in the history of American medicine also concerns the polio vaccine. In an excellent history about the polio vaccine, Neil Miller, a medical research journalist, natural health advocate and author,[cxxiii] shares the story of Dr. Bernice Eddy, a scientist at the NIH who in 1959 "discovered that the polio vaccines being administered throughout the world contained an infectious agent capable of causing cancer."

As the story is told, her attempts to warn federal officials resulted in the removal of her laboratory and being demoted at the agency.[cxxiv] It was only later that one of the nation's most famous vaccine developers, Maurice Hilleman at Merck identified the agent as a cancer causing monkey virus, SV40, common in almost all rhesus monkeys being used to culture the polio virus for the vaccine. This contaminant virus was found in all samples of

the Sabin oral polio vaccine tested. The virus was also being found in Salk's killed polio injectable vaccine as well. No one knows for certain how many American's received SV40 contaminated vaccines, but some estimates put the figure as high as 100 million people. That was greater than half the US population in 1963 when the vaccine was removed from the market.

Many Americans today, and even more around the world, continue to be threatened and suffer from the legacy of this lethal vaccine. Among some of the more alarming discoveries since the discovery of the SV40 in Salk's and Sabin's vaccines and its carcinogenic footprint in millions of Americans today are:

- Loyola University Medical Center identified SV40 in 38% of bone cancer cases[cxxv]
- 58% of mesothelioma cases, a life threatening lung cancer, had SV40 present
- A later analysis of a large national cancer database found mesotheliomas were 178% higher among those who received the polio vaccines

A study published in Cancer Research found SV40 in 23 percent of blood samples taken and 45% of semen samples studied, thereby confirming that the monkey virus can be sexually transmitted.[cxxvi]

Osteosarcomas are 10 times higher in states where the polio vaccine contaminated with SV40 was most used, particularly throughout the Northeastern states.[cxxvii]

Two 1988 studies published in the New England Journal of Medicine discovered that SV40 can be passed on to infants whose mother's received the SV40 tainted vaccines. Those children later had a 13 times greater rate of brain tumors compared to children whose mothers did not receive the polio vaccines. This would also explain why these childrens' tumors contained the SV40 virus present, even though the children themselves did not receive the vaccine.[cxxviii]

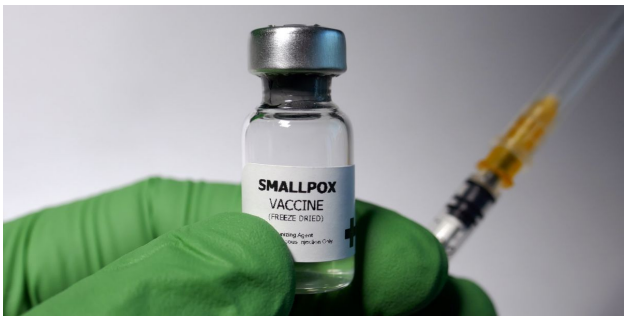
After almost sixty years of silence and a federally sanctioned cover up, the CDC finally admitted several years ago that the Salk and Sabin vaccines indeed were contaminated with the carcinogenic SV40 monkey virus.[cxxix]

There is a large body of scientific literature detailing the catastrophic consequences of SV40 virus infection. As of 2001, Neil Miller counted 62 peer-reviewed studies confirming the presence of SV40 in a variety of human tissues and different carcinomas. Although the killed polio vaccines administered in developed countries no longer contain the SV40 virus, the oral vaccine continues to be the vaccine of choice in poorer developing countries because it is cost-effective to manufacture.

Neither have modern polio vaccines been proven to be safe. In 2011, Bill Gates launched a polio eradication campaigns in rural India. This particular polio vaccine had an increased dosage of the polio virus. In the April-June 2012 issue of the *Indian Journal of Medical Ethics*, a paper reported the incidence of 47,500 new cases of what was being termed "non-polio acute flaccid paralysis," or NPAFP, following Gates' polio campaign.[cxxx] The following year, there were over 53,500 reported cases. NPAFP is clinically indistinguishable from wild polio paralysis as well as polio vaccine-induced paralysis. The primary difference is that NPAFP is

far more fatal.[cxxxi]

Smallpox



It was Edward Jenner who first popularized the vaccine program with his smallpox vaccine. A close look at history reveals that the procedure never worked, however. In England, compulsory vaccination against smallpox was first introduced in 1852. Yet, from 1857 to 1859, the smallpox epidemic killed 14,244 people.

From 1863 to 1865, a second outbreak claimed 20,059 lives. A more stringent compulsory vaccination law was passed in 1867, and those who evaded inoculation were prosecuted.

An intensive four-year effort to vaccinate all people between the ages of 2 and 50 resulted in 97.5% of the population being vaccinated. The following year, though, England experienced its worst-ever smallpox epidemic; 44,840 lives were lost.

Overall, from 1871 to 1880, during this period of compulsory vaccination, the death rate from smallpox leapt from 28 to 46 per 100,000.

Neil Miller, who also authored *Immunization Theory Vs. Reality: Exposé on Vaccinations*,[cxxxii] recounts a different history of the smallpox vaccine than is taught in school.

> "In 1796, Jenner came on the scene saying that when dairy maids caught cowpox they could no longer catch smallpox. His medical colleagues disputed his claims, as the research of the times indicated numerous cases of dairy maids and other individuals catching cowpox and coming down with smallpox. Yet Jenner persisted, and he published a treatise on this idea in 1798. He called his treatise Inquiry, and became famous for it."[cxxxiii]

The smallpox vaccine was given to infants in the US until 1972. At that time, the global incidence of this disease was well under control, and routine vaccination against smallpox ended. According to the National Network for Immunization Information, it was believed then that the risk of serious adverse events from the smallpox vaccine, including death, outweighed the risk of contracting the disease itself in the US.12 The World Health Organization (WHO) certified that smallpox was eradicated worldwide in 1980.

After the terrorist threats of 2001, the US developed a plan to reintroduce the smallpox vaccine, if necessary,[cxxxiv] to counter a potential attack using the virus as a biological weapon. In *State of Immunity*, author James Colgrove reports that the Bush Administration announced an ambitious plan in 2002 to vaccinate emergency personnel, health care

workers, and adults in the general public on a voluntary basis. The administration failed to win the support of the program from health care providers, however, and less than a year later, the smallpox vaccination plan was ceased.[cxxxv] Approximately 39,000 civilian health care and public health workers received the smallpox vaccine in 2003.[cxxxvi]

The modern smallpox vaccine does not contain the smallpox virus itself, but rather a virus called "vaccinia" whose origins are unknown. The CDC states,

> "The vaccinia virus is the 'live virus' used in the smallpox vaccine. It is a 'pox'-type virus related to smallpox. When given to humans as a vaccine, it helps the body to develop immunity to smallpox. The smallpox vaccine does not contain the smallpox virus, and it cannot cause smallpox."[cxxxvii]

The University of Florida College of medicine information page adds this:

> "Vaccinia is the virus that was used for vaccination against smallpox. Its exact origin is unknown, however, as it does not appear to be related to any other known pox virus. Some people think that it is a recombinant of smallpox and cowpox, while others think that it may be a derivative of horsepox, a virus that no longer exists (if it ever did)."

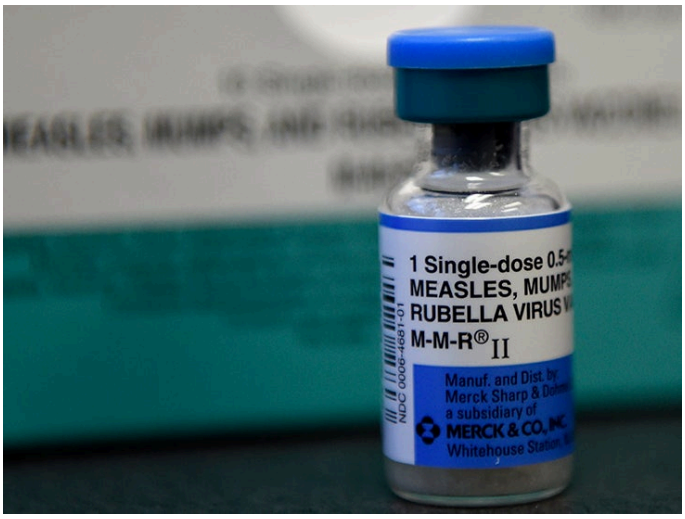
The CDC reports that while the smallpox vaccine is safe for most people, serious and life-threatening reactions do occur in rare cases. Serious reactions include a rash or outbreak of sores in one area of the body (the virus may be spread from the vaccination site to other parts of the body or to other people); a widespread vaccinia rash that occurs when the virus spreads from the vaccination site through the bloodstream; and a toxic or allergic reaction to the vaccine. Life-threatening reactions to the smallpox vaccine include eczema vaccinatum (a serious rash involving widespread infection of the skin in people with conditions such as eczema or atopic dermatitis), progressive vaccinia (an infection of the skin with tissue destruction that often leads to death), and postvaccinal encephalitis (inflammation of the brain).[cxxxviii]

Another potential complication of the smallpox vaccine is myopericarditis, or inflammation of the heart. The CDC says that while the link between the smallpox vaccine and this condition is not proven, data from recent smallpox vaccinations are "consistent with a causal association" between the two.[cxxxix] In 2005 the FDA added a new black-box warning to Dryvax (the smallpox vaccine produced by Wyeth) regarding the increased risk of cardiac problems experienced by some recipients of the smallpox vaccine.[cxl]

What might the consequences of mass smallpox vaccination be? That was the question addressed in a 2002 article. Using historical data on adverse reactions to the vaccine, the authors estimated that, after excluding high-risk people and their close contacts, a vaccination strategy targeting people one to 29 years old would result in approximately 1,600 serious adverse events and 190 deaths. Vaccination of people from one to 65 years old would result in approximately 4,600 adverse events and 285 deaths. The researchers note that the smallpox vaccine "has a higher complication rate than any other vaccine currently being used." They conclude that a mass vaccination campaign would have to be careful to exclude high-risk people and their contacts to minimize the complications, but that this approach would leave some people susceptible to the disease.[cxli]

In a 2006 paper, researchers estimated the expected frequencies of post-vaccinal encephalitis and death from smallpox vaccines containing two different strains of vaccinia virus: the New York City Board of Health (NYCBH) strain and the Lister strain. They note that other studies of the consequences of smallpox vaccination commonly have used an incidence of approximately one death per million vaccinations. However, these analyses "may give serious underestimates of the number of deaths resulting from vaccination." This study estimates that vaccination with the NYCBH strain (stockpiled in countries such as the US) would lead to an average of 1.4 deaths per million vaccinations. Vaccination with the Lister strain (stockpiled in countries such as Germany) would lead to an average of 8.4 deaths per million vaccinations.[cxlii]

Measles



Dr. William Thompson was a former Merck scientist who became a senior epidemiologist at the CDC's Immunization Safety department in 1997. He is listed as an author or co-author on the studies that are most often used to debunk the connection between autism and vaccines: Thompson, et al. 2007,[cxliii] Price, et al. 2010,[cxliv] Destefano, et al. 2004.[cxlv] In 2014, after a conflict of conscience, Dr. Thompson came forth with material evidence proving that the CDC had known for almost fifteen years that a causal relationship exists between the MMR vaccine, the vaccine preservative thimerosal (which is still included in the flu vaccine administered to pregnant women and children) and autism. This information was shared during numerous taped conversations with molecular biologist Professor Brian Hooker, who in the past has testified before Congress and has diligently attempted to get the CDC's scientific data through repeated Freedom of Information Acts. In addition, Thompson turned over 10,000 copied pages he privately retained of research documents, statistical data, meeting notes, internal CDC emails and correspondence to Congressman Bill Posey under legal whistleblower protection. He admitted that many of the most damning documents and data records were destroyed in his presence by his colleagues to assure they never reach the light of day. At the time, he agreed to testify under oath and confess his personal participation in perpetuating the CDC's frauds and lies before Congress.[cxlvi]

A New York Times article identified Thompson[cxlvii] as a "former center employee."[cxlviii] Since it has become standard protocol at the Times to get its facts wrong, Thompson in fact remains at the Center. Following his blowing the whistle, he was put on administrative leave of absence, chastised for breaching CDC protocol and threatened with termination. While on

leave, Thompson shopped around for a university position.

During a recent Progressive Radio Network conversation with Professor Hooker, he believes the CDC realized Thompson was far more dangerous outside the Immunization Safety Office. He would have had more freedom to further expose the CDC's obstruction of justice and the extent of scientific fraud that could jeopardize the entire agency and perhaps warrant prison sentences for many of its former and current rank and file officials.

The pharmaceutical industry would also suffer dramatically. If the media had reported on the urgently important story that the documentary *Vaxxed* recounts, there would be nationwide public outrage and vaccine rates would likely plummet. Consequently, the CDC retained and awarded Thompson with a $24,000 retention bonus and promotion. Today he remains silent somewhere within the CDC's halls.[cxlix]

Professor Hooker is also familiar with censorship and has personally encountered CDC vengeance. In 2014, he submitted a research paper based upon the CDC data provided by Thompson to the peer-reviewed journal *Translational Neurodegeneration*. Using the CDC's own research, the paper shows a 350% increase of autism among African American boys who received the MMR vaccine according to the national vaccination schedule compared to boys who received it after 3 years of age. The journal approved it for publication but immediately confronted CDC demands for its removal. Hooker's paper was suspended and never published due to fabricated claims of a conflict of interest.[cl]

Dr. Poul Thorsen is a Danish scientist who coauthored 36 CDC studies, two of which are widely cited to disprove an autism-vaccine link. From 2004 to 2010 Thorsen laundered over $1 million in federal grant money allocated for research. The studies regarding the MMR and thimerosal have now been thoroughly debunked after independent analysis and represent a classic case of scientific fraud. Thorsen is currently a fugitive. Attempts by the Department of Justice and FBI to extradite him have been continuously thwarted by the CDC and Thorsen continues to walk openly as a free man.[cli]

In 2016, the CDC blocked testimony by Dr. Thompson in a medical malpractice case, so he could not tell his story on behalf of a vaccine-injured, now autistic, boy named Yates Hazlehurst.[clii]

The Randomized Placebo-Controlled Trial[cliii]

How did it happen that drugs that routinely cause injuries are considered the gold-standard of medicine in caring for our us, our aging parents and grandparents and our children? How did these drugs make it onto the market in the first place? This relates to matters of study design.

On its website, the FDA assures the public that "Vaccines, as with all products regulated by the FDA, undergo a rigorous review of laboratory and clinical data to ensure the safety, efficacy, purity and potency of these products."[cliv]

However, not a single one of the pharmaceutical company Merck's vaccines has ever been tested in a scientifically viable double-blinded placebo controlled trial. In each case, the placebo in the control group was not inert, such as the use of sterile saline. Rather Merck

only tested its vaccines with the viral component against a faux placebo containing the same ingredients, including aluminum, but minus the virus. Known as a "carrier solution," the standard scientific protocol does not designate it as a proper placebo for measuring the efficacy and disease risks of a drug. And in the case of Gardasil, the trial was statistical trickery to mask Gardasil's adverse effects. One placebo group received the company's proprietary adjuvant amorphous aluminum hydroxyphospate sulfate (AAHS), a known neurotoxin. The adjuvant has yet to be properly tested for safety. One of the more serious risks of aluminum adjuvants is the triggering of an extreme autoimmune response, what Israeli immunologist Yehuda Schoenfeld has called "autoimmue/inflammatory syndrome induced by adjuvants."[clv]

In the Cochrane Database Collaboration's 2016 analysis of Merck's Gardasil, the investigators were so alarmed they filed a complaint against the European Medical Agency for failing to adequately assess the vaccine's neurological harms. More recently, a meta-analysis published in *Systemic Reviews* journal concluded "HPV vaccines increased serious nervous system disorders and general harms."[clvi]

For those of us who have been enthralled with the narrative that vaccines are one of the foundational aspects of good public health policy, this information is meant to introduce you to the idea that there is more, a great deal more, to the picture than has been presented to us, just as the "success story" of the life-saving Covid vaccines that was hypnotically promoted by the medical establishment and the captured media isn't exactly the whole story.

The information we've presented is just a fraction of all the information that exists on this subject, which can be found in testimonials, in legal records, in peer-reviewed publications, in books and research articles and films. There is more to the story than can be told in a day or a week. It requires deep research to understand this history of hubris, crime and cover-up, but more than that, it takes an open mind and the desire to know. These qualities are fundamental to any learning, to the development of any enlightened point of view. This is what many of us have found lacking in the people we know and love, but with whom we were not able to communicate about what we saw happening over the last three years, who could not hear our warnings about the Covid-19 vaccines, who took them as we watched helplessly in dismay. If we can be truthful with ourselves about what we do and do not know, if we have, over the last three years, gained an open mind and desire to know the truth, let us look honestly at the research underlying all vaccines, and correct our course according to what we find.

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Dr. Gary Null is host of the nation's longest running public radio program on alternative and nutritional health and a multi-award-winning documentary film director, including his recent Last Call to Tomorrow. He is a regular contributor to Global Research.

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