

# The Vaccine Safety Myth

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Theme: [Science and Medicine](#)

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*Vaccine are proven safe, right? You may be surprised to find how non-evidence based this belief really is....*

A few days ago, *The Washington Post* published an [op-ed piece](#) by a medical ethicist who thinks that all doctors who have concerns about vaccines should lose their licenses. Last week, it was parents who don't vaccinate their children should be jailed or sued. There are case reports where not vaccinating has been used as proof of neglect for CPS to remove children and terminate parental rights. Whatever you think about vaccination, think hard before you endorse the idea that the government should be able to mandate a profitable but invasive medical procedure without informed consent. This is a very dangerous precedent to set and one you may not be happy about when vaccines are mandated for adults to [protect our "herd immunity"](#). It is not about the measles. It is about your freedom to choose what goes into your body and your child's body.

Although we keep hearing from the media and the medical establishment that vaccines are unquestionably safe, the supreme court has deemed them "unavoidably unsafe" as recently as 2011. Pharmaceutical companies are indemnified by the government against liability and pediatricians also cannot be sued for vaccine injury. Rather, there is a [special vaccine court](#) that compensates the very few patients who can prove their injury beyond a shadow of a doubt. The National Vaccine Injury Compensation Program has paid out over 3 billion dollars to date.

We keep hearing about the overwhelming proof that vaccines and the MMR in particular is safe. Anyone who questions this is being ridiculed. Concerned parents are stupid and concerned doctors don't understand the science. Well, here is the science, from the most recent Cochrane Review of the entire literature on the subject. Cochrane Reviews are systematic reviews and meta-analyses which interpret the research and are generally recognised as the highest standard in evidence-based health care.

[Cochrane Database Syst Rev.](#) 2012 Feb 15;2:CD004407. doi: 10.1002/14651858.CD004407.pub3.

[Vaccines for measles, mumps and rubella in children.](#)

Demicheli V1, Rivetti A, Debalini MG, Di Pietrantonj C.

Partial Abstract

BACKGROUND:

Mumps, measles and rubella (MMR) are serious diseases that can lead to

potentially fatal illness, disability and death. However, public debate over the safety of the trivalent MMR vaccine and the resultant drop in vaccination coverage in several countries persists, despite its almost universal use and accepted effectiveness.

#### OBJECTIVES:

To assess the effectiveness and adverse effects associated with the MMR vaccine in children up to 15 years of age.

#### SEARCH METHODS:

For this update we searched the Cochrane Central [Register](#) of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 2), which includes the Cochrane Acute Respiratory Infections Group's Specialised Register, PubMed (July 2004 to May week 2, 2011) and Embase.com (July 2004 to May 2011).

#### AUTHORS' CONCLUSIONS:

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

The full paper is behind a paywall, but I've read it in its entirety. The authors screened approximately 5000 papers, found 139 possible for inclusion and ended up with 31 papers that met their criteria. They rated 26 of 31 as having high or moderate risk of bias, most commonly selection bias. They concluded that there was no data to support efficacy, "We were disappointed by our inability to identify effectiveness studies with population or clinical outcomes. Given the existence of documented elimination of targeted diseases in large population by means of mass immunisation campaigns however, we have no reason to doubt the effectiveness of MMR." So we believe it, because we all saw it happen, not because there is a study which shows it to be true.

They state that there is no evidence for an association between MMR and autism, but the only included study which could possibly answer the question, comparing vaccinated to unvaccinated children, is [Madsen 2002](#). One of the co-authors of that paper is Poul Thorsen, on the [OIG's most wanted list](#) for fraud. Thorsen is a co-author of 22 papers on autism and 5 papers on vaccine safety that still stand and are widely referenced by other authors. Even if including a paper co-authored by Thorsen doesn't bother you, their note on the Madsen study concludes: "The follow up of diagnostic records ends one year (31 Dec 1999) after the last day of admission to the cohort. Because of the length of time from birth to diagnosis, it becomes increasingly unlikely that those born later in the cohort could have a diagnosis." They noted the general absence of studies with unvaccinated controls. The reason given is that it would be unethical to have unvaccinated controls.

[DeStefano 2004](#) is also included. One of the authors of that paper was [reportedly granted official whistleblower status and immunity](#), alleging that the authors manipulated data to cover an association between the vaccine and autism in African American males vaccinated before the age of 36 months. Those authors are collectively responsible for a lot of the "indisputable" science we are hearing so much about. From a few months ago: [The Fox Guarding The Henhouse](#).

Here is a compilation of abstracts, [86 Research Papers Supporting the Vaccine/Autism Link](#),

but the media keeps telling us there is no evidence that vaccines can cause autism.

Why has there never been a well designed study comparing vaccinated to unvaccinated children? Rumor has it that Amish children don't get autism. Why isn't the CDC doing everything it can to figure out if that's true and, if so, why? The NIH just [canceled the National Children's Study after wasting over 1.2 billion dollars](#).

Vaccines have not been a cause célèbre for me. My interest grew from the realization that vaccines grown in murine and avian cells contain infectious animal retroviruses that are supposed to be unable to cross the species barrier, but the evidence that they can't is rather flimsy. Here are blogs I wrote about vaccines and biologicals in early 2011 when I was considering the risks of attenuating viruses in animal cells and realizing the temporal relationship between the first yellow fever vaccine in 1932 and the first ME/CFS cluster in 1934, as well as the first cases of autism described by Leo Kanner in 1935.

- [Cover-up and contamination theories](#)
- [Vaccinations and Frankencells](#)
- [Science fiction or fact?](#)

This led to thinking about how vaccines are made, what exactly is in them, the evidence for safety/efficacy and their possible impact upon various immune profiles. The furthest I have ever gone as a doctor is to say that I don't think that ME/CFS patients or their offspring should be vaccinated. I don't think I've ever explicitly said publicly that autistic children shouldn't be vaccinated, but I will now, as it seems a no brainer to me, even if you don't believe that vaccines can cause autism. Neuroimmune disease patients are in a state of persistent immune activation which needs to be reduced with anti-inflammatory strategies. Vaccines do the opposite, on purpose. In addition, they are less likely to be effective in the presence of a preexisting inflammatory state.



The argument goes, thimerosal was removed from vaccines 10 years ago (except for the multi-dose vial flu shot), but the rate of autism has continued to climb, so vaccines are safe. This is scientific sleight of hand, not science. It is the type of argument used commonly by our so called experts to brainwash people into concluding that vaccines are all safe and any number of vaccines can be given with impunity. We ruled out one thing, so it's all fine. Data by country shows a strong correlation between more vaccines before the age of 1 year and higher infant mortality. The US is 34th in the world and gives the most vaccinations: [Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity?](#)

The US childhood immunization schedule requires 26 vaccine doses for infants aged less than 1 year, the most in the world, yet 33 nations have better IMRs. Using linear regression, the immunization schedules of these 34 nations were examined and a correlation coefficient of 0.70 ( $p < 0.0001$ ) was found between IMRs and the number of vaccine doses routinely given to infants. When nations were grouped into five different vaccine dose ranges (12-14, 15-17, 18-20, 21-23, and 24-26), 98.3% of the total variance in IMR was explained by the unweighted linear regression model. These findings demonstrate a counter-intuitive relationship: nations that require more vaccine doses tend to have higher infant mortality rates.

Here's something not being discussed in the measles/vaccine debate. Take a look at the current table of vaccine excipients: [Vaccine Excipient & Media Summary](#). Notice how many contain aluminum, a known neurotoxin, implicated in ASIA (autoimmune syndrome induced by adjuvants). Here is a [PubMed search](#) which brings up 75 papers since 2008, specifically on this subject. There are [a few hundred on aluminum and neurotoxicity](#). Here are two papers about ASIA and CFS/fibromyalgia, one suggesting a link with autism and a recent review paper about aluminum adjuvant biopersistence and delayed neurotoxicity:

- [Chronic fatigue syndrome and fibromyalgia following immunization with the hepatitis B vaccine: another angle of the 'autoimmune \(auto-inflammatory\) syndrome induced by adjuvants' \(ASIA\).](#)
- [The common immunogenic etiology of chronic fatigue syndrome: from infections to vaccines via adjuvants to the ASIA syndrome.](#)
- [Do aluminum vaccine adjuvants contribute to the rising prevalence of autism](#)
- [Biopersistence and brain translocation of aluminum adjuvants of vaccines](#)

The FDA says that the amount of aluminum in vaccines is GRAS (generally recognized as safe). The argument goes that since children are exposed to aluminum in the environment anyway, giving them a little more in their vaccines is safe. Then there is MSG, formaldehyde, animal and human cells, adventitious viruses, the list goes on and on, each deserving of concern in its own right. The GRAS designation should be another blog entirely...

From the CDC website: "In the decade before 1963 when a vaccine became available, nearly all children got measles by the time they were 15 years of age. It is estimated 3 to 4 million people in the United States were infected each year. Also each year an estimated 400 to 500 people died, 48,000 were hospitalized, and 4,000 suffered encephalitis (swelling of the brain) from measles." That's roughly a 0.1% risk of encephalitis and there is a great deal of literature showing that high dose vitamin A at the onset of illness mitigates that risk significantly. The most recent numbers show that the current risk of autism, aka

encephalitis/encephalopathy, is 20 times that, higher in some places. We are faced with an epidemic of allergic, neuroimmune and autoimmune disorders. [The prevalence of chronic illness in our children is greater than 50%](#) (2011). [16% have a developmental disability](#) (2008). [11% have ADHD](#) (2011). [2% have autism](#) (2013). It is an emergency. Measles is not. I am not saying that vaccines are the only cause of this disaster, but there are many reasons to think they are contributory. Instead of mandating more vaccines, we should be trying to understand which children are at risk: [Personalized vaccines: the emerging field of vaccinomics](#).

Being concerned about vaccines is not the same as discounting the dangers of infectious diseases. Not trusting the CDC and the pharmaceutical companies is not anti-science, but prudent, since they have earned our mistrust in spades. They have lied and been wrong so many times. Why believe them now? The drug companies regularly pay out billion dollar settlements for fraud convictions. Merck is currently embroiled in lawsuits brought by whistleblowers: [Massive Fraud In Merck MMR Vaccine Testing](#). The incestuous relationship between the CDC and the vaccine manufacturers is epitomized by Julie Gerberding, former director of the CDC, now head of vaccine safety at Merck.



There are a few egregious examples that make it clear how little the vaccine program is worrying about the health of children.

1. Giving newborns who have no risk of infection a hepatitis B shot is insane. The series often wears off by the time the child is at risk. Here is a paper showing evidence of an association between the hepatitis B series and autism: [Hepatitis B vaccination of male neonates and autism diagnosis, NHIS 1997-2002](#).

Findings suggest that U.S. male neonates vaccinated with the hepatitis B vaccine prior to 1999 (from vaccination record) had a threefold higher risk for parental report of autism diagnosis compared to boys not vaccinated as neonates during that same time period. Nonwhite boys bore a greater risk.

2. Chicken pox was a benign illness when contracted in childhood. This vaccine is another example of setting people up for waning immunity when they are older. Also shingles used to be prevented by being around infected children, but now a zoster vaccine is needed for older adults to keep the virus in check, even if they had the natural infection. The attenuated virus can cause shingles just like the wild type. The incidence of [shingles has risen since the vaccine was introduced](#), in children and adults, though there is data suggesting this trend was already in effect from reduced immune competence in the general population prior to introduction of the vaccine. [Decreased varicella and increased herpes zoster incidence at a sentinel medical deputising service in a setting of increasing varicella vaccine coverage in Victoria, Australia, 1998 to 2012](#). Here is a paper stating that the Varicella vaccination program is a failure. [Review of the United States universal varicella vaccination program: Herpes zoster incidence rates, cost-effectiveness, and vaccine efficacy based primarily on the Antelope Valley Varicella Active Surveillance Project data](#). Safety data for the Varicella vaccine is even thinner than for the MMR and the excipients are particularly noxious. If we are going to decrease the number of vaccines we give to our children, this one might be a good place to start. Every adult who was vaccinated will need boosters for life, but if we let the wild type disease come back in



children, we might also get rid of the need for the zoster vaccine.

3. Your government wants you to have a flu shot, even though it admits that this year's shot doesn't work. The current CDC recommendation is "Everyone 6 months of age and older should get a flu vaccine every season." Pregnant women, sick people, no matter the health status of the patient. Only people allergic to the shot or one of its components shouldn't get it. Even this year, everybody should get it, because gosh, so much money was spent making all those millions of shots and who knows, they might help a little. And they are perfectly safe, except that they can cause wheezing, Guillain Barré Syndrome and have not been studied in immunocompromised persons. There are several choices for the flu shot, but here's an example of the safety data. The FluMist package insert: "Data on safety and shedding of vaccine virus after administration of FluMist in immunocompromised persons are limited to 173 persons with HIV infection and 10 mild to moderately immunocompromised children and adolescents with cancer." 10 immunocompromised children. How many [doses went up the noses of children](#) with preexisting conditions? And then there is this: [Live Attenuated Influenza Vaccine Enhances Colonization of \*Streptococcus pneumoniae\* and \*Staphylococcus aureus\* in Mice](#).

The people making these decisions don't care about your children. They are lying to you about the quality or even the existence of safety data.

I am the last one to say that the question of whether to vaccinate or not is a simple one. I delayed vaccinating my children until they were 3 months old and I didn't give them hepatitis B shots until later. They had the chicken pox at 5 years and 6 months old, so my son may not be immune. I allowed them to be given hepatitis B shots at school when my daughter was 9 and my son was 4. He got very sick after the first dose, missed school for 2 months and I never allowed him to be vaccinated again. He lived in a dorm at college for 2 years and not a day went by that I didn't worry about the decision to forgo the meningococcal vaccine. He is now doing research in Okinawa for a semester and I worry about Japanese encephalitis, for which there is a vaccine. But he has a mother and a sister with ME/CFS, a father with POTS and other things in his risk profile that worry me with respect to vaccines. Without a crystal ball, you can never know what is the safest thing to do. If you guess wrong, either way, it is 100%.

Resource: [National Vaccine Information Center](#)

Suggested reading:

[Vaccine Epidemic](#) by Louse Kuo Habakus and Mary Holland

[Dissolving Illusions](#) by Susanne Humphries and Roman Bystrianyk

[Plague](#) by Kent Heckenlively and Judy Mikovits

[The Big Autism Cover Up](#) by Anne Dachel

Recommended documentaries:

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