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The WHO's Vaccine Experts Inadvertently Communicate to the World that "Vaccine Hesitancy" Makes Scientific Sense

Despite Its Recent Warnings About "Vaccine Hesitancy", WHO "Experts" Acknowledge that the Claims About the Safety and Effectiveness of Vaccines were never Proven to be True

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Theme: Media Disinformation, Science and Medicine

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In this expose, the WHO vaccine experts admit that:

- *Vaccines can be fatal.*
- *The design of safety studies makes it difficult to spot problems.*
- *Safety monitoring is inadequate.*
- *Vaccine adjuvants increase risk.*

"The FDA receives 45% of its annual budget from the pharmaceutical industry.

The World Health Organization (WHO) gets roughly half its budget from private sources, including Pharma and its allied foundations.

And the CDC, frankly, is a vaccine company; it owns 56 vaccine patents and buys and distributes $4.6 billion in vaccines annually through the Vaccines for Children program, which is over 40% of its total budget." — Robert F. Kennedy, Jr

1) An admission that adjuvants can multiply the toxicity of vaccines:

"Adjuvants multiply the immunogenicity of the antigens that they are added to, and that is their intention. It seems to me they multiply the reactogenicity in many instances, and therefore it seems to me that it is not unexpected if they multiply the incidence of adverse reactions that are associated with the antigen, but may not have been detected through lack of statistical power in the original studies." — Stephen Evans, BA, MSc, Professor of Pharmacoepidemiology at the London School of Hygiene and Tropical Medicine (LSHTM)

2) Warnings about long-term systemic toxicity from vaccine adjuvants:

"You are correct. As we add adjuvants, especially some of the more recent adjuvants, such as the ASO1, saponin-derived adjuvants, we do see increased local reactogenicity. The primary concern, though, usually is systemic adverse events rather than local adverse events. And we tend to get in the Phase II and the Phase III studies quite good data on the local reactogenicity. Those of us in this room that are beyond the age of 50 who have had the pleasure of having the recent shingles vaccine, will know that this does have quite significant local reactogenicity. If you got the vaccine, you know that you got the vaccine. But this is not the major health concern. The major health concern which we are seeing are accusations of long term, long term effects. So, to come back to this, I'm going to once again point to the regulators. It comes down to ensuring that we conduct Phase II and the Phase III studies with adequate size and with the appropriate measurement." — Martin Howell Friede, PhD (Biochemistry) – WHO coordinator for the Initiative for Vaccine Research

3) An admission that the WHO and Big Pharma are panicking because some doctors and cover-up of vaccine injuries:

"There's a lot of safety science that's needed, and without the good science, we can't have good communication. Although I'm talking about all these other contextual issues and communication issues it absolutely needs the science as the backbone. You can't repurpose the same old science to make it sound better if you don't have the science that's relevant to the new problem. So, we need much more investment in safety science…The other thing that's a trend and an issue is not just confidence in patients but confidence of health care providers. We have a very wobbly health professional front line that is starting to question vaccines and the safety of vaccines. When the front-line professionals are starting to question (the safety of vaccines) or they don't feel like they have enough confidence about the safety to stand up to it to the person asking them the questions. I mean, most medical school curriculums, even nursing curriculums, I mean in medical school you're lucky if you have a half-day on vaccines. Never mind keeping up to date with all this." — Heidi Larson, PhD (in Anthropology – and therefore likely to be vaccinology-illiterate!) and Director of the Big Pharma-funded Vaccine Confidence Project

4) An admission that vaccine clinical safety trials are flawed and that vaccines damage children far more than they damage adults:

"One of the additional issues that complicates safety evaluation is that if you look at, and you struggle with the length of follow-up that should be adequate in a, let's say a pre-licensure or even post-marketing study if that's even possible. And again, as you mentioned pre-licensure clinical trials may not be powered enough. It's also the subject population that you administer the adjuvant to because we've seen data presented to us where an adjuvant, a particular adjuvant added to a vaccine antigen did really nothing when administered to a certain population and usually the elderly, you know, compared to administering the same formulation to younger age strata. So, these are things which need to be considered as well and further complicate safety and effectiveness evaluation of adjuvants combined with vaccine antigens." — Marion Gruber, PhD – Director, FDA Office of Vaccines Research and Review (OVRR) and the FDA Center for Biologics Evaluation and Research (CBER)

5) A warning about the lack of vaccine safety monitoring systems:

"I think we cannot over-emphasize the fact that we really don't have very good safety monitoring systems in many countries, and this adds to the miscommunication and the

misapprehensions because we're not able to give clear-cut answers when people ask questions about the deaths that have occurred due to a particular vaccine, and this always gets blown up in the media. One should be able to give a very factual account of what exactly has happened and what the causes of the deaths are, but in most cases there is some obfuscation at that level and therefore, there's less and less trust then in the system." — Soumya Swaminathan, MD, WHO Chief Scientist and non-practicing Pediatrician (involved in academics and research ever since her medical training)

6) An admission that viral fragments don't work and that adjuvants are responsible for the toxic inflammatory responses to vaccines.

"Every time that there is an association, be it temporal or not temporal, the first accusation is it is the adjuvant. And yet, without adjuvants, we are not going to have the next generation of vaccines. And many of the vaccines that we do have, ranging from tetanus through to HPV require adjuvants in order for them to work. So, the challenge that we have in front of us is: How do we build confidence in this? And the confidence first of all comes from the regulatory agencies (I look to Marion). When we add an adjuvant it's because it is essential. We do not add adjuvants to vaccines because we want to do so. But when we add them, it adds to the complexity. I give courses every year on "How do you develop vaccines?", "How do you make vaccines?" And the first lesson is, while you're making your vaccine, if you can avoid using an adjuvant, please do so. Lesson two is, if you're going to use an adjuvant, use one that has a history of safety. And lesson three is, if you're not going to do that, think very carefully." — Martin Howell Friede, WHO Coordinator for the Initiative for Vaccine Research and member of the Strategic Advisory Committee for Hilleman Labs – a vaccine research company co-owned by US drug maker Merck and Britain's Wellcome Trust.

7) An admission that vaccine safety tracking systems don't exist.

"Now the only way to tease that out is if you have a large population database like the vaccine safety datalink as well as some of the other national databases that are coming to being worthy. Actual vaccine exposure is trapped down to that level of specificity of who is the manufacturer? What is the lot number? Etc, etc. And there's an initiative to try to make the vaccine label information bar-coded so that it includes that level of information. So that in the future when we do these type of studies, we are able to tease that out. And in order to be – each time you subdivide them, the sample size gets becoming more and more challenging and that's what I said earlier today about that we're really only in the beginning of the era of large data sets where hopefully you could start to kind of harmonize the databases for multiple studies. And there's actually an initiative underway… Marion (Gruber) may want to comment on it to try to get more national vaccine safety database linked together so we could start to answer these types of questions that you just raised." — Robert Chen, MD – Scientific Director, Brighton Collaboration The motto of the Brighton Collaboration was *"We build trust in the safety of vaccines through rigorous science"*

8) An admission that the WHO doesn't understand the mechanisms of vaccine toxicity.

"So in our clinical trials, we are actually using relatively small sample sizes, and when we do that we're at risk of tyranny of small numbers, which is, you just need a single case of Wegener's Granulomatosis, and your vaccine has to, solve Walt's, How do you prove a Null Hypothesis? …And it takes years and years to try to figure that out. It's a real conundrum, right? Getting the right size, dealing with the tyranny of small numbers, making sure that

you can really do it. And so I think one of the things that we really need to invest in are kind of better biomarkers, better mechanistic understanding of how these things work so we can better understand adverse events as they come up." — David Kaslow, MD, VP of Essential Medicines, Drug Development program PATH Center for Vaccine Innovation and Access (CVIA) Dr Kaslow has been a non-clinical researcher for decades with past relationships with the Bill & Melinda Gates Foundation and Merck.

9) A naïve question directed to WHO experts (and not answered by them) that points out the reality that Big Vaccine corporations have NEVER done studies on the synergistic damage vaccine toxicities that happen when more than two vaccines are injected at the same office visit.

"I cast back my mind to our situation in Nigeria where at six weeks, ten weeks, fourteen weeks, a child is being given different antigens from different companies, and these vaccines have different adjuvants and different preservatives and so on. Something crosses my mind… is there possibility of these adjuvants, preservatives, cross-reacting amongst themselves? Have there ever been a study on the possibility of cross-reactions on from the past that you can share the experience with us?" — Bassey Okposen – Program Manager, National Emergency Routine Immunization Coordination Centre (NERICC). Abuja, Nigeria

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Dr Kohls practiced holistic mental health care in Duluth for the last decade of his family practice career prior to his retirement in 2008, primarily helping patients who had become addicted to cocktails of psychiatric drugs to safely go through the complex withdrawal process. His column often deals with various unappreciated health issues, including those caused by Big Pharma's over-drugging, Big Vaccine's over-vaccinating, Big Medicine's over-screening, over-diagnosing and over-treating agendas and Big Food's malnourishing food industry. Those four sociopathic entities can combine to even more adversely affect the physical, mental, spiritual and economic health of the recipients of the vaccines, drugs, medical treatments and the eaters of the tasty and ubiquitous "Franken Foods" – particularly when they are consumed in combinations, doses and potencies that have never been tested for safety or long-term effectiveness.

Dr Kohls' Duty to Warn columns are archived at:
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