

The **TRUTH** *About*
VACCINES™



Vaccines

Preventative Medicine
or Sacred Dogma?

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Vaccines:

Scientific Medicine or Sacred Dogma?

Performing untold trillions of complex functions within its cells at every moment, the human body is the most advanced and adaptive creation on the planet. It consists of a practically incalculable number of cells, each reacting over a billion times per second in perfect harmony. Such a complex system can only be described as an inexplicable marvel.

Truly, our very existence is a miracle in itself. The divine breath of God is the only thing that makes life possible. No one can fathom the mind of God, but creation illustrates His power and wisdom. This gift of life is something to be cherished and appreciated, each and every day.

But life isn't perfect. Sometimes things go wrong. Sometimes we get sick. Illness and injury are part of the human experience, and they're precisely why God equipped the human body with an extraordinary immune system. A system designed to respond to every pathogenic challenge it is likely to encounter. As we encounter new pathogens, our natural immunity is strengthened.

When disease successfully penetrates our body's natural defenses, an elaborately programmed plan swings into action. Our immune system studies the inner workings of the invading threat in order to teach the rest of the body how to avoid succumbing to it more than once – or at least less severely in the future. In essence, our immune system is like an invisible but ever-present army of intelligent, disease-fighting soldiers.



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These “soldiers” keep our body robust and healthy by continually outsmarting even its most shrewd pathological enemies.

This is the essence and beauty of how immunity works to keep us healthy. And yet, somewhere along the way, mankind bought into the belief that it’s possible to beat the immune system at its own game, or improve upon it through artificial means. Such an ideology was born in response to the many instances throughout history in which disease epidemics killed millions of people.

Over the past couple of hundred years, the medical industry has convinced itself – and us – that allowing the immune system to run its natural course is no longer a viable option because it puts public health at risk. In order to eradicate infectious diseases, so we’re told, it’s important that the public be artificially and repeatedly immunized against these threats.

The thinking is that in order for people to avoid getting sick and potentially dying, everyone needs to be exposed to weakened agents of disease on purpose (and often at a very young age) – a practice known as

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vaccination. Historically, vaccines have been credited with the reduction and even the complete global elimination of diseases such as whooping cough, diphtheria, tetanus, polio, measles, mumps, rubella, Hepatitis B, smallpox, meningitis, and influenza.

Even so, in the interests of science, public health, and common sense, it remains of the utmost importance to question vaccine safety, efficacy, and even necessity. There are generally two arguments regarding vaccines.

Those in support of vaccines say that they have scientifically repeatedly proven themselves to be one of the greatest public health inventions of all time. Opponents claim that vaccines bypass – and thus, harm – the body’s natural immune defenses, potentially leading to nasty side effects and a lifetime of chronic disease. They claim that vaccines are analogous to religious dogma, as they are “required” to be followed and trusted by doctors and patients alike, despite the purported lack of scientific evidence proving their safety and efficacy.

Unfortunately, these diametrically opposed positions of pro- and anti-vaccine factions have created a hostile climate in which true, honest debate is virtually non-existent. That is why we created this book and [The Truth About Vaccines docu-series](#).

Asking the Important Questions About Vaccine Safety & Efficacy

Our goal at The Truth About Vaccines is to answer important questions, such as:

- Are vaccines as beneficial as many medical experts claim?
- What about their role in eradicating deadly diseases of old, like smallpox?
- Can vaccines actually help to prevent or reduce the spread of seasonal influenza infections?
- Do we really need to question vaccine safety, efficacy, and necessity?
- Are there relevant truths to be gleaned from both sides of the vaccine argument as it pertains to these and other vaccine questions?

A Brief History of Vaccination

Since it's obviously a complicated issue, let's take a brief look at history for some clarity on how we ended up here in the first place. It all began in the Far East. Early Asian practitioners utilized a primitive, yet effective, inoculation technique known as variolation that the history books credit as being the first known contributor to the eradication of smallpox (which is also known as variola).

A prototype for the types of vaccines we currently have, variolation was invented specifically to address smallpox, but it didn't involve any form of injection. Instead, ancient Eastern doctors would blow dried smallpox scabs into the noses of patients, who would then contract a mild form of the disease.

As they recovered, these treated patients were believed to have developed permanent immunity to smallpox. This is a concept similar to "chickenpox parties" where parents gather their healthy children together with one infected child to deliberately circulate the disease – resulting in the entire group developing immunity.

We know for a fact that variolation worked for the most part, because only about one to two percent of those variolated died from smallpox, compared to 30% of those who were not variolated. This profound reduction in smallpox-associated mortality would ultimately drive the spread of variolation into India, Africa, and all throughout the Ottoman Empire by the year 1700. Eventually, the practice of variolation found its way into Europe and the Americas, which were also stricken with epidemics of smallpox. It must be remembered that variolated people were still contagious and fully capable of infecting healthy people with smallpox.¹ In fact, between 2-3 percent of variolated people died of smallpox, or became the source of another epidemic, or suffered from diseases such as tuberculosis and syphilis, which were transmitted by the procedure itself.²



Voltaire wrote that 60% of the entire population in Great Britain in the early 1700s caught smallpox, with 20% or more dying, while “many more wear the disagreeable remains of it in their faces so long as they live.”³ Many smallpox survivors were blinded in one or both eyes, made deaf, developed severe and painful neuritis, or were visibly scarred for the rest of their lives. [Note: Neuritis is a form of neuropathy, a disease characterized by pain or loss of function in the nerves that carry signals to and from the brain and spinal cord (the central nervous system) to other parts of the body.]⁴

In Europe, variolation rapidly gained popularity among both the aristocrats and common people, since the fatality rate associated with this procedure was 10 times lower than that associated with naturally occurring smallpox.⁵

Methods of variolation would change along the way, with the West adopting an injection-based skin puncture approach that more closely resembles the vaccination techniques we see today. Prisoners, abandoned children, and other vulnerable

populations would serve as human guinea pigs before British royalty and other “elites” eventually adopted the technique for themselves. Variolation’s notable success during this time period fueled its rapid spread throughout the world in the coming years.

“As many as four percent of those variolated risked death, while many more were still contagious and fully capable of accidentally infecting the healthy.”

Variolation would eventually reach the shores of North America via the slave trade, with famous colonial minister Cotton Mather learning about it from his own personal slave, Onesimus. After its first successful application in the New World during the infamous 1721 smallpox epidemic in Boston – the fatality rate for variolated individuals was two percent, compared to 14% for naturally contracted smallpox – injectable vario-

lation quickly gained widespread fame as a viable medical intervention for producing immunity to smallpox infection.⁶

How the First Vaccine – Against Smallpox – Came to Be

Like many forms of medicine, variolation wasn't risk-free and didn't work for every patient who received it. Depending on an individual's immune status at the time of treatment, infection with variolation wasn't always as mild as intended. Nor did it always successfully inoculate against smallpox. Not only could an individual occasionally die from variolation, but even the mild form of the disease provoked by the treatment could spread to others, potentially causing an epidemic.

Historical data compiled by the U.S. National Library of Medicine (NLM) shows that individuals at every level of the social strata were affected by variolation, including the son of King George III – a fact that isn't always mentioned in the medical literature's glowing historical accounts of early variolation success.⁷

As many as three to four percent of those variolated risked death, while many more were still contagious and fully capable of accidentally infecting the healthy.⁸ Yet for many, variolation was infinitely preferable to the risks associated with developing natural smallpox infection and suffering its debilitating and potentially deadly consequences.

Admittedly, most of the harm attributed to variolation was actually caused by its improper administration – contaminated application sites, improperly sanitized medical tools, and so on. This would continue to be true as the inoculation technique evolved over time, including when the famous British physician Dr. Edward Jenner advanced the practice with his development of an official smallpox vaccine.

By 1768, another English physician, John Fewster, discovered that previous infection with cowpox rendered a person immune to smallpox, serving as the basis for Dr. Jenner's later experiments. He is even believed to have submitted a paper entitled "Cow Pox and its Ability to Prevent



DR. JENNER PERFORMING HIS FIRST
VACCINATION ON A CHILD, 1796

Picture Courtesy of Wellcome Collection

Smallpox” to the Medical Society of London in 1765; however, the Society did not publish it.⁹⁻¹¹

At least five investigators in England and Germany would go on to successfully test a cowpox vaccine against smallpox in humans.¹² However, it was not until Dr. Jenner made his work public that the procedure became widely understood and appreciated.¹³⁻¹⁵

After observing that milkmaids who worked with cowpox-infected livestock seemed to be developing a natural immunity to smallpox, Dr. Jenner hypothesized that perhaps the cowpox virus could be utilized instead of the much more dangerous smallpox to produce immunity in humans. This assessment would turn out to be true, and Dr. Jenner would eventually go on to be known as the “father of immunology” - despite the fact that he was neither the first to suggest that infection with cowpox conferred immunity to smallpox nor the first to attempt cowpox inoculation for this purpose.

Derived from the Latin word *vaccinia*, cowpox is actually how the very first vaccine got its name. It’s also where we get the word vaccination that’s used today to describe similar preventive injections for all sorts of other diseases. It all started with Dr. Jenner’s modified version of the variolated smallpox inoculation, which the history books often credit as being the biggest contributor in helping to eliminate the global scourge of smallpox.

Vaccine “Shedding” Raises Concerns Over Safety of World’s First Vaccine for Smallpox

Dr. Jenner’s progress required a certain amount of trial and error, including deliberately subjecting his own son, Edward Jr., to swine pox, beginning at the tender age of 10 months. The boy would ultimately receive three separate applications of his father’s experimental “smallpox vaccine” over the course of his young life.

After his first experimental swine pox infection, Edward Jr. reportedly grew ill and developed sores on his body, but later recovered. Months later, his father attempted to deliberately infect him with smallpox, not just once, but five times. However, no smallpox symptoms of any sort ever developed.

Two years later, the boy received a second swine pox injection that resulted in another severe reaction, likely because the inoculation material was contaminated. But young Edward quickly recovered, and a year later Dr. Jenner inoculated him with smallpox once again, with no apparent adverse consequences. It seemed clear that swine pox protected against smallpox.

One year after this, Edward Jr. would receive his third and final swine pox shot. In the following years, he was officially declared a “sickly child” who showed signs of “mild mental retardation.” However, there is no credible evidence to suggest that the boy’s health plight was caused by his father’s inoculation experiments.

Similarly, in the early summer of 1796, Dr. Jenner inoculated a healthy 8-year-old boy, James Phipps, with cowpox. Six weeks later, he deliberately infected James with fluid taken from a sore of a case of genuine smallpox – and the boy did not develop the disease.¹⁶

Returning to Edward Jr., his injuries were similar to those incurred by others who had also been treated with Dr. Jenner’s smallpox vaccine, which some believe points to the vaccine as a possible culprit. Not only did some of these inoculated patients appear to suffer severe side effects from the shot, some of them still contracted smallpox.¹⁷

In other words, while successful inoculation protected against smallpox, in some instances the inoculated form of the virus caused the disease and certainly all inoculated persons were just as infectious as those who had been afflicted with the disease. Inoculated persons were therefore a danger to their communities.¹⁸

These are the first known instances of what's popularly referred to today as vaccine shedding: the spread of infectious disease via the remnants of a pathogen introduced by vaccination. This phenomenon was described in precise detail in a 1915 edition of *The Scientific Monthly*, which outlines the full history of Dr. Jenner's involvement in procuring the world's first vaccine for smallpox.¹⁹

“Dr. Jenner was told that his experiments provided little in the way of sufficient evidence to show that his vaccine actually worked and was safe.”

Despite the vaccine's many successes, the adverse events associated with Dr. Jenner's vaccine became so pronounced that public opinion turned against it towards the end of the 18th century, when use of the smallpox vaccine had reached its peak.

In 1796, before Jennerian vaccination was introduced in England, the death rate from smallpox represented 18.5% of the fatality rate from all causes. In London between 1838 and 1869 it was 1.4 percent, while in 1871 – the worst year for smallpox since vaccination

became compulsory – deaths from smallpox represented 4.5 percent of the fatality rate from all causes.²⁰

After the vaccine was widely circulated in the early 1900s, deaths from smallpox in London made up less than 0.24 percent of deaths from all causes – suggesting that Dr. Jenner's vaccine was a huge success.

In the city of Berlin, where vaccination was compulsory, there were no smallpox hospitals left. In 1912, deaths in New York City were 671 from measles, 614 from scarlet fever, 500 from typhoid fever, 187 from whooping cough, and 2 from smallpox. In Sweden, the highest death rate before smallpox vaccination was 7.23 per 1,000 persons, while the lowest was 0.30. Under permissive vaccination the highest was 2.57, while the lowest was 0.12; and under compulsory vaccination the highest was 0.94, while the lowest 0.0005.

These and countless other examples explain why Dr. Jenner's smallpox vaccine would eventually gain recognition by the World Health Organization (WHO) as being a major impetus behind the global eradication of smallpox in the year 1980.²¹



Although he received worldwide recognition and many honors, Dr. Jenner made no attempt to enrich himself through his discovery. In fact, he devoted so much time to vaccination that his private practice and his personal affairs suffered severely. The extraordinary value of vaccination was publicly acknowledged in England, when in 1802 the British Parliament granted Dr. Jenner the sum of £10,000. Five years later the Parliament awarded him £20,000 more.

Along with many national and international honors, Dr. Jenner also found himself the target of many attacks and ridicule. In spite of this, he continued his efforts on behalf of the vaccination program. Gradually, vaccination replaced variolation, which became prohibited in the UK in 1840.

Dr. Jenner's work represented the first scientific attempt to control an infectious disease by the deliberate use of vaccination. Although he did not discover vaccination, he was the first person to confer scientific status on the procedure and to pursue its scientific investigation.²²

Dr. Jenner's efforts led to the creation of an entire industry built around the concept of injecting small amounts of live or attenuated (weakened) pathogens to prevent the formation and spread of communicable disease.

Other Factors That Played a Role in Eradicating Smallpox

Overwhelming evidence suggests that Dr. Jenner's smallpox vaccine helped countless people avoid debilitating and deadly infection.

“Some experts believe that quarantine may also have played an important role in eradicating smallpox.”



But was Dr. Jenner's smallpox vaccine solely responsible for eradicating smallpox epidemics?

The available evidence suggests that along with Dr. Jenner's vaccine, several other factors also likely contributed to the demise of smallpox.

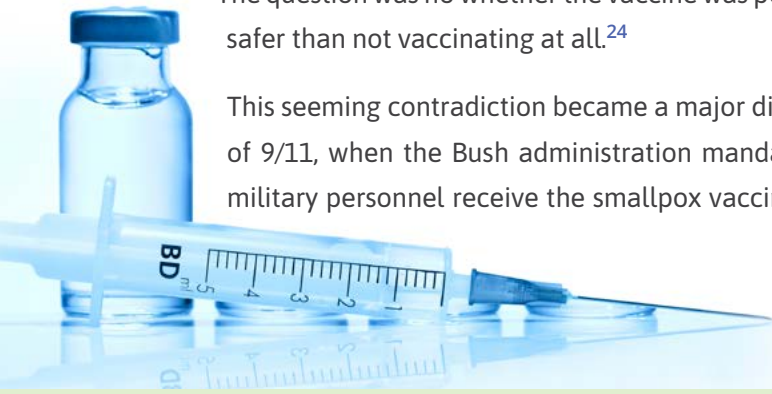
Often, statements are made to the effect that vaccination has made the greatest contribution to global health apart from clean water and sanitation. However, the study of infectious diseases in industrialized countries from the end of the nineteenth century onwards shows that there was a large and progressive decline in overall deaths, especially in children, even before the development and deployment of vaccines. This is believed to be linked to improvements in housing, nutrition and sanitation.

Still, it cannot be disputed that vaccination has made an enormous contribution to human and animal health. As we have seen, in the pre-vaccination period up to a half of the population died of smallpox, while measles was only a little less lethal in susceptible populations.²³

Some experts believe that quarantine may have played a greater role in eradicating smallpox than Dr. Jenner's vaccine. Journalist Dan Rather aired a segment on CBS in 2002 about this very subject, highlighting the fact that the smallpox vaccine can have some serious consequences.

Experts agreed that the smallpox vaccination would inevitably come with some risk; for every million vaccinated, it was known that at least some would suffer dangerous adverse reactions and sometimes death. The question was no whether the vaccine was perfectly safe, but if it was safer than not vaccinating at all.²⁴

This seeming contradiction became a major dilemma in the aftermath of 9/11, when the Bush administration mandated that some 500,000 military personnel receive the smallpox vaccine to thwart a potential



outbreak resulting from a terrorist attack. If these servicemen weren't inoculated, the administration surmised, millions of people could potentially contract infections, possibly leading to death.²⁵

According to Dr. Thomas Frieden, the health commissioner of The New York City Health department: "There were 12 cases of smallpox. There were two deaths associated with smallpox, and there were, I'm sorry to say, three deaths associated with the vaccine. (But) if they hadn't vaccinated, they might've had thousands upon thousands of deaths from smallpox."²⁶

“**B**ut ongoing scientific testing would reveal that smallpox vaccination – and vaccination at large – only provides disease protection for a limited time. ”

So why did George Bush's government recommend a dangerous vaccine that could kill people? Because the disease it prevents is worse.

Nothing scares Richard Preston – who writes about deadly diseases like Ebola and anthrax – like smallpox. "It is the

worst human disease. It probably killed more people in history than any other infectious agent, including the Black Death of the Middle Ages."

Further, according to Preston:

"Smallpox as a weapon is the biological equivalent of the nuclear bomb. It is simply the most dangerous biological weapon in the world.

There is a heated debate going on in the scientific community right now about such things as, for each victim of smallpox, how many people are going to catch it from each victim? That's known as the multiplier of a virus.

If the multiplier of smallpox is 10 – that is to say, if each person infected with smallpox on average gives it to another 10 people – then a smallpox outbreak would be explosive in our society."²⁷

Some questioned whether mandatory vaccination was truly warranted. Dr. Paul Offit, a prominent pro-vaccine doctor, told Rather that “ring vaccination” is probably the best approach, as it was seemingly effective during a smallpox outbreak in Germany in 1970.

“You identify a person who’s infected, you quarantine them, you isolate their contacts, and then the contacts of those contacts,” Dr. Offit explained. Ring vaccination involves vaccinating and quarantining infected victims within a “ring” of already immune individuals.²⁸

But even this method of smallpox vaccination isn’t without risk. Some who were vaccinated developed a more extreme form of the disease known as “progressive vaccinia” – an infection rapidly spreading from the vaccination site to the rest of the body. This condition only exists in a specific, immune-compromised section of the population. In those with severe immune deficiencies, progressive vaccinia can result in the immune system completely failing – a certifiable death sentence.²⁹

How Long Does Vaccine-Acquired Immunity Last?

Dr. Jenner’s smallpox vaccine undoubtedly helped to reduce and even eliminate deadly outbreaks that would otherwise have ravaged entire populations. However, questions remain about the long-term effects of vaccines on the immune system.

When encountering a potentially harmful pathogen, the body’s God-given immune system is programmed to quickly identify it based on the unique antigens, or markers, that are present on its surface. The immune system then learns how to undermine that pathogen, destroying it through a process known as acquired immunity.³⁰

Acquired immunity is how the immune system adapts, learning to combat the various new diseases it encounters. It’s how God designed the



“**W**hile smallpox vaccination helped to reduce smallpox mortality rates and drastically reduce the horrible epidemics of old, it was neither foolproof nor lasting.”

body to stay healthy and vibrant – and it’s something that vaccination attempts to mimic. But does the vaccine approach really work just the same?

Theoretically, the answer to this question is yes. By artificially introducing the body to pathogenic factors associated with specific diseases in a controlled manner, vaccines can “fast-track” the process of acquired immunity, helping to prevent diseases from multiplying and spreading within a community, potentially causing an outbreak or epidemic.

Vaccine-acquired immunity is only temporary – hence the need for “booster” shots at regular intervals. There are also questions surrounding how vaccines are delivered, which certainly isn’t natural.

For example, breathing in a pathogen through the lungs has a much different effect on the body than injecting it with a needle several layers deep into the skin. The former allows the body to process said pathogen through the proper stages of immune formation, ultimately leading to permanent immunity. The latter can only produce temporary protection and can lead to permanently damaging side effects. This is due to the way in which vaccines bypass the normal layers of immunity.³¹

But ongoing scientific testing would reveal that smallpox vaccination – and vaccination at large – only provides disease protection for a limited time.

“Artificial” Immunity and Allergies: The Vaccine Connection

Vaccine-induced immunity is sometimes referred to as artificial immunity. This is because vaccines rarely provide lifelong immunity (although, in some cases, immunity can last as long as 20 years). Natural immunity through exposure to pathogens remains the only way to achieve true, permanent immunity. This is why many vaccines require boosters. In this way, vaccines are a temporary solution that requires lifelong maintenance.³²

Vaccines mimic a natural phenomenon known as “immunologic memory” that already exists inside the body. After encountering a disease for the first time, the immune system produces antibodies that are able to defend against it in the future. But they are not as accurate as natural immunity.^{33,34}

Priming the immune system with an organism that is rendered inert while still prompting the creation of antibodies and memory cells is the right idea. The biggest problem with vaccines is not the theory, but the adjuvants required to execute it. These additional ingredients can contain cytotoxic substances that are known to cause harm.^{35,36}

Although rare, these adjuvants can cause catastrophic reactions within the body, leading to allergic reactions, immune malfunction, and even death.



These are all potential consequences of the artificial immunity brought about by some vaccines. Instead of making the immune system progressively stronger with each subsequent exposure, as with natural immunity, some vaccine injections make the body become progressively more allergic.³⁷

Nobel Laureate Charles Richet is considered the first to demonstrate that injecting protein compounds directly into humans (as well as animals) in this way detrimentally sensitizes the immune system to said proteins. This sensitization process dictates that every time a vaccinated person is exposed to foods or other things that contain them in the future, they will react allergically, even experiencing anaphylaxis.³⁸

Among the many allergy symptoms that may result from vaccines are skin rashes, gastrointestinal (GI) distress, and respiratory problems possibly requiring emergency medical intervention.

Current “Safety” Testing for Vaccines

Despite the potential for serious side effects, vaccines have been widely accepted in western medicine. But the safety of these vaccines leaves something to be desired. Vaccinated patients are not tested against an unvaccinated control group, but rather against patients vaccinated with other drugs. New vaccines are routinely tested against confirmed dangerous ones in order to arrive at what appear to be positive outcomes.

Scientists and government officials argue that to withhold vaccines from an infected control group would be unethical. But without a control group, these studies are incapable of accurately measuring the frequency and causal relationships of the vaccines they study.³⁹⁻⁴²

Consequently, double-blind, placebo-controlled studies – the gold standard of medicine – are almost never conducted on vaccines, creating the illusion that they’re safer and more effective than they actually are.

“Instead of making the immune system progressively stronger with each subsequent exposure, as with natural immunity, some vaccine injections make the body become progressively more allergic.”

This is a beneficial scenario for the vaccine industry, which is shielded from ever having to perform the same types of randomized, placebo-controlled safety trials on its products that are required for all other drugs. It’s also how the vaccine industry gets away with testing new vaccines against other

vaccines as opposed to proper placebos (i.e. saline solution).

The duration of these studies is also much smaller than any other drug seeking FDA approval. While most drug studies last for months or even years, vaccines are only evaluated for a few days or weeks. There’s evidence that the preservatives in these vaccines, like aluminum and mercury, are directly related to the alarming rise in autism diagnoses in America.



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Additionally, manufacturers in the U.S. are relieved of any liability for injury or death resulting from their products. Plaintiffs are not able to sue the manufacturer for damages but are instead required to go through the Vaccine Injury Compensation Program (VICP), in which victims end up suing their own government in a specially appointed court. The lack of adequate studies makes it hard for plaintiffs to prove that vaccine manufacturers are at fault. And as long as the manufacturer isn't aware of any harmful effects, they retain immunity against legal action. This has resulted in a system in which it is in the company's best interest NOT to conduct thorough safety studies.⁴³



DTaP: More Harm Than Good?

Though DTaP vaccine has been declared “safe and effective” by U.S. regulators, a 2017 study in Sweden found otherwise. Researchers found, based on more than 30 years’ worth of statistical data, that: “All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis.” The study concluded that “DTP was associated with 5-fold higher mortality than being unvaccinated.”⁴⁴

While children evaluated in this study did not necessarily die from diphtheria, tetanus, or pertussis, the combination vaccine was found to have weakened their immune systems to such a degree that they ultimately succumbed to death from various other illnesses. Prior to their deaths, many of these same individuals also suffered serious side effects stemming from a 30% increased risk of rhinitis; a four-fold increased risk of allergies, attention deficit hyperactivity disorder (ADHD), autism, and neurological disorders; a three-fold increased risk of eczema; and a five-fold increased risk of learning disabilities.

For the purposes of the polio vaccine “safety” trial lasting just 48 hours, DTaP was a perfect comparative “control” for the vaccine’s manufacturer. It so diluted any reported adverse events associated with the vaccination that a conclusion of “safe and effective” was determined. So long as fewer deaths were observed from the polio vaccine compared to the DTaP vaccine, the reported findings would automatically be positive using such a metric.



CDC Whistleblower Blows Lid on Skewed Science Used in Vaccine Approval Process

Vaccine testing is something that Emmy Award-winning Producer Del Bigtree highlights in detail in his acclaimed documentary film, *Vaxxed*. New vaccines are routinely tested against confirmed dangerous ones in order to arrive at what appear to be positive outcomes. This is precisely what took place at the U.S. Centers for Disease Control and Pre-

“Dr. Thompson says he played a key role in overseeing a 2004 CDC study on MMR that blatantly covered up all possible links between the combination vaccine and autism, including through the use of fake “placebos.” ”

vention (CDC) under the leadership of Dr. William Thompson, a senior scientist at the agency turned whistleblower. He revealed that his agency covered up pertinent details about the controversial MMR vaccine for measles, mumps, and rubella.

Dr. Thompson says he played a key role in overseeing a 2004 CDC study on MMR that blatantly covered up all possible links between the combination vaccine and autism, including through the use of fake “placebos.” The altered version

of the study claimed to have found no such links between MMR and autism, though Dr. Thompson says that the full data showed a rather strong link, particularly in young African American boys.

Having come forward to confess that these and other data omissions occurred under his watch, Dr. Thompson admitted in 2015 that his agency actively destroyed any and all parts of the study that painted MMR in a negative light. It’s now up to Congress to take action by subpoenaing Dr. Thompson and launching an investigation into this alleged CDC fraud – something that has yet to occur.

“The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism,” Dr. Thompson stated under oath during a Congressional testimony before Florida Congressman Bill Posey.

Concerning the allegedly destroyed files, Dr. Thompson stated that he decided to preserve them out of conviction, believing that the CDC acted in violation of federal law.

“[B]ecause I assumed it was illegal and would violate both FOIA [Freedom of Information Act] and DOJ [Department of Justice] requests, I kept hard copies of all documents in my office, and I retain all associated computer files,” reads a statement by Dr. Thompson that Representative Posey read on the full House floor in July 2015.⁴⁵

The Disturbing Truth About the “Vaccines Don’t Cause Autism” Assertion

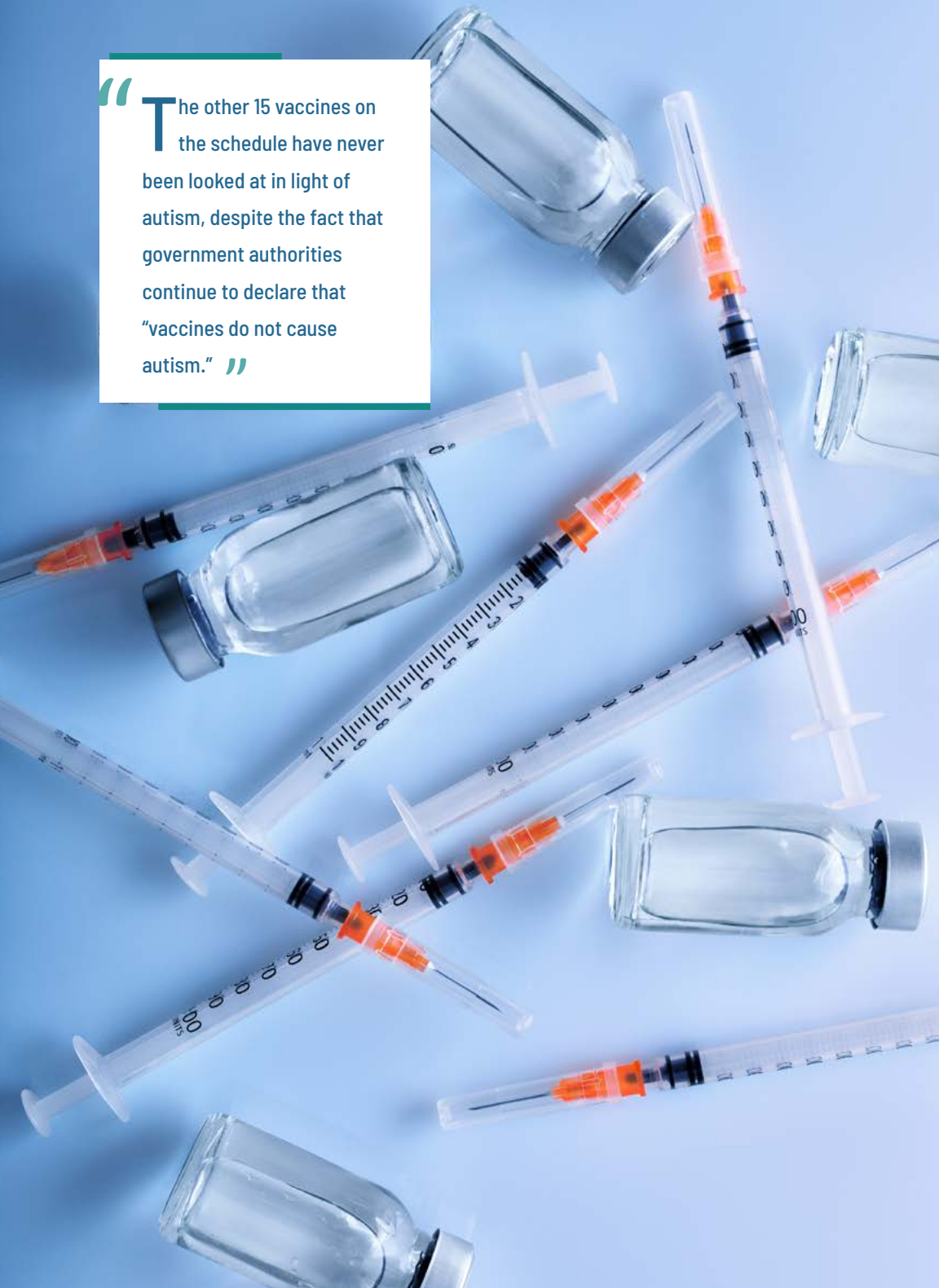
The MMR vaccine is actually the only one of 16 vaccines currently on the CDC’s official vaccination schedule that’s ever even been safety tested with regards to autism. And as you can see, even this single study was apparently manipulated to arrive at a “positive” outcome.

The other 15 vaccines on the schedule have never been looked at in connection to autism, despite the fact that government authorities continue to declare that “vaccines do not cause autism.” In a best-case scenario, we simply still don’t know whether or not vaccines are associated with autism. Science on the subject is virtually non-existent.

Even the health editor and columnist for U.S. News & World Report and former Director of the U.S. National Institutes of Health (NIH), Dr. Bernadine Healy, admitted that “the question has not been answered.”⁴⁶ At a public speaking event, Dr. Healy stated the following about the claim that “science is settled” on the matter of vaccines and autism, pointing to a complete lack of adequate safety research:

“...when I first heard about it I thought, ‘That doesn’t make sense to me.’ The more you dove into it, if you look at the basic science, if you look at the research that’s been done on animals, if you also look at some of these individual cases, and if you look at the evidence that there is no link, what I come away with is, the question has not been answered.”⁴⁷

“The other 15 vaccines on the schedule have never been looked at in light of autism, despite the fact that government authorities continue to declare that “vaccines do not cause autism.” ”



Concerning vaccine safety study design, Dr. Healy has also stated:

“By just testing something for safety, but not comparing it to something else, that doesn’t tell us everything we need to know. It all depends on what you are defining as ‘safety’.”⁴⁸

You may have also heard about Dr. Andrew Wakefield’s famously “discredited” study that appears to have identified some potential gastrointestinal problems associated with MMR. Many vaccine advocates point to the removal of Dr. Wakefield’s study from the journal *The Lancet* as “evidence” that vaccines don’t actually cause autism. But Dr. Wakefield’s study was never actually discredited in the way that his critics claim, nor did it come to the conclusion that they say it did.

First, Dr. Wakefield never once claimed that “vaccines cause autism.” He merely identified a link between gastrointestinal disease bearing autism-like symptoms in many of his young patients following administration of MMR – a valid correlation that he surmised may have indicated a possible connection. This same connection was also identified in a subsequent published study sponsored by the CDC.⁴⁹

As one of the world’s leading gastroenterologists, Dr. Wakefield was merely doing his job by reporting on a subset of symptoms he observed in his child patients who had received MMR. He suggested that the combination vaccine merely be broken up into three separate injections for improved safety. For this simple act of observational questioning concerning one of the vaccine industry’s prominent products, Dr. Wakefield has been burned at the proverbial stake by the medical establishment. All one has to do is Google his name to discover scores of articles attacking Dr. Wakefield.

Institute of Medicine: Science Proving Vaccine Safety Does Not Exist

Dr. Wakefield was not as misguided as many people have been led to believe. Even Dr. Healy admits that vaccine safety hasn’t been defini-

tively established. There are still no robust studies being conducted as part of governmental reviews comparing health outcomes of vaccinated versus unvaccinated children, including for MMR.

There are also no long-term studies showing the cumulative effects of receiving multiple vaccinations at once, so we can't determine how the ever-expanding CDC vaccine schedule might be affecting children.

The U.S. National Institute of Medicine (IOM) – now known as the National Academy of Medicine (NAM) – wrote in one of its publications that “studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule

“**T**here are still no robust studies being conducted as part of governmental reviews comparing health outcomes of vaccinated versus unvaccinated children.”

have not been conducted.”⁵⁰ Such studies could be conducted, this same publication states, but it would be up to the CDC to conduct them – which it apparently won't, citing ethical concerns.

The NIH also sits on a treasure trove of health data compiled by the Vaccine

Safety Datalink (VSD), a collaborative project between the CDC's Immunization Safety Office and eight private health care organizations that tracks health data on more than 10 million patients annually.⁵¹ But this information is kept under lock and key by the CDC, which appears to make it available only on a case-by-case basis. The CDC says that, depending on the study, interested researchers “may” be able to access VSD data.⁵²

But according to Del Bigtree, this isn't actually the case. He says that when he sat down before the NIH and requested access to the VSD database, “they refused and they said it can't be done.” He further says that the NIH “put it into a private company so that we can't use FOIA (Freedom of Information Act) requests to get it.”

“They hid it from the American population,” Bigtree says. “That’s how sure they were they didn’t want this to happen.”⁵³

CDC Committee That Sets Vaccination Policy Almost Entirely Composed of Members with Direct Ties to Vaccine Industry

Since the 1970s, autism rates in the United States have increased from less than .03 percent of all children⁵⁴ to 1.7 percent of all children⁵⁵ – a nearly 57-fold increase. This directly coincides with a near-tripling in the number of vaccines administered to children as part of the official vaccination schedule recommended by the CDC. Meanwhile, an increasing number of vaccines are being added to the childhood vaccination schedule.

So why aren’t our regulatory bodies taking notice and pushing for something to be done to address the problem? The vast majority of those who sit on the Advisory Committee on Immunization Practices (ACIP), the arm of the CDC that sets official vaccination policy, appear to have financial or other ties to the vaccine industry.⁵⁶

In other words, their interests may lie beyond public health. This is made evident by the fact that “97% of the committee members had omissions in the section that asked, ‘Do you have a conflict of interest?’ They didn’t even fill it out,” says Bigtree.

It has also since been revealed that 58% of ACIP’s members have at least one identified conflict of interest. The CDC appears to be similarly compromised, as it currently spends \$4.9 billion of its \$11 billion annual budget “purchasing and distributing vaccines all across the country,” according to Bigtree. This suggests that the CDC essentially functions as a distribution arm for the vaccine industry.⁵⁷



“The vast majority of those who sit on the Advisory Committee on Immunization Practices (ACIP), the arm of the CDC that sets official vaccination policy, appear to have financial or other ties to the vaccine industry.”

CDC Hides Data Showing That Vaccines Harm One in 10 Recipients

So, are there any proper checks and balances that even attempt to track vaccine safety and efficacy in the U.S.? The Vaccine Adverse Events Reporting System, or VAERS, is a voluntary government database where both doctors and patients can submit reports about vaccine injuries and deaths that occur following vaccination.

While a reporting system is a nice idea, it is only effective if it is consistently used. Unfortunately, only a fraction of a percent of the medical community and the general public at large use VAERS. It's safe to say that most people don't even know it exists, likely because it has almost no effect on vaccine policy in the U.S..



But VAERS is not useless. According to Bigtree, the CDC hired a private company known as Harvard Pilgrim HMO to automate the data contained in VAERS. Based on an assessment of 376,452 vaccinated individuals, the firm found that “35,000 of them had possible adverse reactions,” Bigtree says, which translates to almost one in 10 individuals.⁵⁸

This is a shockingly high figure that's probably even higher since, according to the U.S. Department of Health and Human Services (HHS),

fewer than one percent of vaccine-associated adverse events are ever submitted to VAERS. This suggests that there are likely far more children suffering adverse events from vaccines that are unreported.

So, while a platform does exist to track the outcomes of the 16 vaccines that are given to children in some 72 doses before they turn 18 years old, it is too small a sample size to conduct accurate research. Meanwhile, the vaccination schedule is constantly growing while vaccine science seems to be in a permanent state of dormancy and neglect.

FDA Committee in Charge of Approving Vaccines Is Composed Primarily of People With Direct Ties to Vaccine Industry

The U.S. Food and Drug Administration (FDA) appears to be similarly tainted by vaccine industry interests. The FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) reviews safety data and decides whether or not to release a new vaccine publicly.⁵⁹ According to Bigtree, the "overwhelming majority of members, both voting and consultants, have substantial ties to the pharmaceutical industry."

Once again, the people who make vaccines are, in many cases, the very same people who decide whether or not vaccines gain approval from the FDA through the VRBPAC. These folks also decide whether or not new vaccines get added to the official childhood vaccination schedule at the CDC – exposing a constant revolving door between government and industry.

In one instance, it was discovered that "three out of five FDA advisory committee members who voted to approve the rotavirus vaccine in 1997 had financial ties to the pharmaceutical companies" that were developing them.⁶⁰ Some of these members were actually developing their own versions of the vaccine, including those which Dr. Offit mentioned previously. Allegedly, Dr. Offit believes that, in theory, healthy infants could safely receive up to 100,000 vaccines at once.⁶¹



“**T**he vaccination schedule is constantly growing while vaccine science seems to be in a permanent state of dormancy and neglect. ”

Vaccine Manufacturers Can't Be Sued

In a world with class-action lawsuits and harmful pharmaceutical drugs frequently being taken off the market, it would seem logical to assume that vaccine manufacturers are held to the same standard. That assumption would be wrong.

The vaccine industry is protected by special legal provisions that shield it from liability for harm caused by its products. Vaccine companies are the only industry that can't be sued directly for injury or death caused by their products. That's because in 1986, the Reagan administration signed the National Childhood Vaccine Injury Act (NCVIA), establishing a federal no-fault program to compensate victims of injury caused by mandated vaccines to ensure that life-saving medicines were always readily available for children.⁶²

The NCVIA established the National Vaccine Injury Compensation Program (VICP) in order to:

- Provide an alternative remedy to judicial action for specified vaccine-related injuries;
- Prescribe the contents of any petition for compensation;
- List factors to be considered when determining the compensation award, and
- Set forth a table of injuries deemed vaccine-related for compensation purposes.

The vaccine industry no longer has to worry about the possibility of lawsuits, nor does it have to test vaccines with the same scientific rigor as pharmaceuticals, since the legislation doesn't regard vaccines as "drugs." Vaccines now have their own special legal status, incentivizing the industry to produce as many new vaccines as possible for maximum profits.

This may explain why there are "over 270 vaccines now in the pipeline," according to Bigtree, and likely many more on the way.

HHS is a massive department, encompassing the FDA, CDC, and NIH, among others. Its mission is to enhance and protect the health and well-being of all Americans.⁶³

As mentioned earlier, the VICP is a Federal “no-fault” program designed to compensate those injured by childhood vaccines. Claims are heard in the U.S. Court of Federal Claims, which hears monetary claims against the government.⁶⁴ This court has a statute of limitations of 6 years and

“**T**he CDC Foundation is a private foundation through which private entities can support programs and endow positions at the CDC.”

the government, which is always the defendant in CFC hearings, is represented by the Department of Justice.⁶⁵ The VICP is managed by HHS.

The CDC receives millions of dollars in industry gifts and funding, both directly and indirectly through the CDC foundation.⁶⁶

The CDC Foundation is a private foundation through which private entities can support programs and endow positions at the CDC. This could potentially lead to a conflict of interest, since the department conducting studies is funded, and the use of funds expressly directed by, the CDC Foundation, supported largely by pharmaceutical companies and their agents.^{67, 68}



There is anecdotal evidence that this influence by the pharmaceutical industry extends beyond the efforts of the CDC to its officials directly. Dr. J. Gerberding, CDC Director for 7 years, oversaw several controversial studies on vaccines created by pharmaceutical company Merck during her tenure. This included the MMR vaccine, which was determined to be safe by the CDC in 2004.⁶⁹ Upon leaving the CDC, she became the president of Merck's vaccines division.⁷⁰ In 2015, she sold shares of Merck stock to the tune of \$2,340,064.32.⁷¹

Conversely, Dr. William Thompson, Senior Scientist and Epidemiologist at the CDC at the same time as Dr. Gerberding, was put on administrative leave after claiming that the CDC hid evidence that the MMR vaccine caused autism.⁷²

Given its involvement in the defense of vaccine injury claims (via the VICP), and that there is enough reason to believe that the CDC is influenced by corporate interests, could a conflict of interest exist within HHS?

Chronic Illness and Vaccines: Is There a Connection?

As it turns out, many of the serious injuries resulting from vaccines are listed right inside most vaccine package inserts as potential adverse events. The package insert for MMR, for example, lists panniculitis, vasculitis, pancreatitis, diabetes, thrombocytopenia, arthritis, anaphylaxis, encephalitis, serious neurological disorders, aseptic meningitis, pneumonia, Stevens-Johnson syndrome, retinitis, epididymitis, and death as possible adverse effects resulting from the vaccine.⁷³

Health authorities know full well that developing children have a higher than normal risk of becoming seriously injured or dying from

approved vaccines. This is why a growing number of parents are making the decision to opt-out or minimize the number of vaccines their children receive.

Consider the following statistics presented by Dr. Heather Wolfson at the 2017 The Truth About Cancer LIVE event and ask yourself: could this have anything to do with the burgeoning childhood vaccination schedule?

- 54% percent of children living in America today have been diagnosed with one or more chronic illness (many of which are listed in vaccine package inserts as possible adverse effects)
- One in six children has a learning disability
- 17% of children are obese
- 10% of children are asthmatic
- 30% of the young adult population has a mental illness
- One in 68 children has autism – and if current trends continue, one in two children will be autistic by the year 2025
- More than 10,000 new cases of childhood cancer are diagnosed very year

What Is “Herd Immunity”?

You may wonder what’s worse: the diseases that these vaccines are designed to prevent, or the long list of potential adverse effects that they can potentially cause?

The medical establishment argues the former by stating that disease epidemics can potentially kill thousands or even millions, while only a minute fraction of vaccinated individuals are threatened by adverse effects. They also argue that vaccination rates need to be as high as possible – around 95% – in order to maintain what’s known as “herd immunity.”⁷⁴



“ **54%** of children living in America today have been diagnosed with one or more chronic illness (many of which are listed in vaccine package inserts as possible adverse effects). ”

The thinking behind herd immunity is that the majority of a given population, in this case children, needs to be fully vaccinated in order to prevent a disease outbreak from occurring. When the percentage of unvaccinated children gets too high, the entire “herd” is put at risk.

Herd immunity can be a real thing. But what you need to know is that it’s not in any practical way a factor of the number of pre-adolescents who are vaccinated or not vaccinated. Even if every single child in the coun-

“**H**ealth authorities know full well that developing children have a higher than normal risk of becoming seriously injured or dying from approved vaccines.”

try five years of age and under was completely vaccinated in accordance with government recommendations, it still wouldn’t be enough to procure true herd immunity, and here’s the reason why:

Herd immunity only exists when a majority of the total population possesses immunity

to a given pathogen, either from previous natural exposure or from immunization. This percentage typically ranges from 75 to 94% of the total population, depending on the pathogen.⁷⁵ But the total number of children who are even eligible for vaccination in the U.S. is nowhere close to these percentages – children under the age of 18 make up about 25% of the U.S. population⁷⁶ – meaning that even if every single one of them was fully vaccinated, true herd immunity still would not exist.

Consequently, nobody knows the exact percentages of who has true immunity, who has artificial immunity, and who has no immunity at all – which is why the medical establishment is constantly pushing for people to get re-vaccinated with “booster” shots in order to maintain some semblance of herd immunity, which they say offers some protection rather than no protection.

Unvaccinated individuals can also act as disease carriers, especially if they've never been exposed to a pathogen that they contract for the very first time. In the event that they've already developed immunity to a pathogen, however, unvaccinated individuals pose a minimal risk.

It's worth reiterating that recently vaccinated individuals are also a threat, as the attenuated and/or live viruses can spread to others a phenomenon known as vaccine shedding rarely acknowledged by public health officials.⁷⁷

What About the Seasonal Flu Shot?

One exception to targeted vaccines is the influenza vaccine, which changes annually in accordance with whatever flu strain happens to be circulating in a given year. But influenza strains are constantly evolving, leaving vaccine developers in a virtual guessing game. In 2009, the influenza vaccine was incorrect, leading to an increased risk of infection and death.⁷⁸

Even though natural exposure to influenza produces the strongest and longest lasting type of immunity, developing the flu in order to achieve this can cause a person to suffer for weeks on end prior to recovery. Further, the natural immunity gained from wild exposure to the flu provides protection against only that particular strain, and possibly other strains that are similar to it – but not all strains.⁷⁹

The flu shot is customized to address whatever strain is circulating in a given year, but that assumes that health officials choose correctly, which isn't always the case. Another problem with the flu shot is that it can cause a phenomenon known as "Hoskins effect" that results in the body becoming less able to fight off flu strains of all types.

Because there are many varieties of influenza that easily evolve from year to year, pre-existing antibodies within the body that were produced to fight off the old strains can cross-react with the new ones being introduced, effectively switching off the immune system's ability to keep the newest invading diseases at bay.



Immunization Record

Retrieved on 2018-01-18 at 17:59

MM-DD	
✓	Diphtheria
✓	Tetanus
✓	Pertussis
✓	Polio
✓	Hib
✓	Preventive



This may have been what caused the 2009 H1N1 flu pandemic that was characterized by extreme severity and high mortality rates in otherwise healthy adults. An epidemiological study out of Canada

found that people who received the 2008 seasonal flu shot were significantly more prone to developing H1N1 the following year compared to people who did not receive the 2008 seasonal flu shot.⁸⁰ Another study published in the journal *Clinical and Vaccine Immunology* in 2011 made this same correlation,⁸¹ and while correlation is not the same as causation, these results are still food for thought.

“Even though natural exposure to influenza produces the strongest and longest lasting type of immunity, developing the flu in order to achieve this can cause a person to suffer for weeks on end prior to recovery.”

There’s also the very likely chance that the flu vaccine won’t even work, or that it will have inoculated against the wrong flu strain. One study found that compared with placebo or no vaccination, inactivated vaccines reduce the risk of influenza from 30% to 11% with high certainty.⁸²

Even worse is the fact that the multi-dose vials from which mass-produced influenza vaccines are made still contain the neurotoxic chemical mercury in the form of thimerosal, which is highly damaging to the immune system.⁸³

Flu shots also contain a wide spectrum of other questionable ingredients, which come with their own health risks. Take a look at the ingredient list for AFLURIA, a popular flu shot that’s commonly used with pregnant women – even though its package insert clearly states that “safety and effectiveness ... have not been established in pregnant women”:

Beta-propiolactone, thimerosal (multi-dose vials only), monobasic sodium phosphate, dibasic sodium phosphate, monobasic potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, neomycin sulfate, polymyxin B, egg protein, sucrose.

The first ingredient, beta-propiolactone, is described by the NIH and the CDC as being “a reasonably anticipated human carcinogen.”⁸⁴ The second ingredient, thimerosal, which is about 50% mercury by weight (49.55%), is a highly toxic heavy metal, neurotoxin, and possible human carcinogen that can lead to permanent brain injury.⁸⁵

The adult version of this same vaccine actually contains 50 micrograms (mcg) of thimerosal per dose (approximately 25 mcg of mercury), or about 50,000 parts per billion (ppb)⁸⁶ – which is over 25,000 times the legal limit of mercury allowed in water. The U.S. Environmental Protection Agency (EPA) says that any liquid containing in excess of 200 ppb of mercury is considered to be “hazardous waste,”⁸⁷ while drinking water cannot contain more than 2 ppb of mercury. What does this say about the safety of this particular flu vaccine?

Another flu vaccine ingredient, calcium chloride, is categorized as a “hazardous chemical” all on its own, possessing both mutagenic and tumorigenic properties as evidenced in animal studies.⁸⁸

That’s at least three cancer-causing substances contained inside this vaccine cocktail that is injected directly into millions of people every single year.

If this isn’t concerning enough, consider what more recent science has to say about the flu vaccine. A paper published in the journal *Vaccine* found that pregnant women who get flu shots two years in a row have an increased risk of miscarriage. The study authors made it clear that they couldn’t establish a causal connection, but they did state that further research was warranted.⁸⁹ This doesn’t change the fact that flu shots are routinely recommended for pregnant women,⁹⁰ even though there has never been a single safety study conducted to show that they’re in any way safe or effective for pregnant women.



“**F**lu shots also contain a wide spectrum of other questionable ingredients, the risks of which can far outweigh any potential benefits.”

A cohort study published in *JAMA Pediatrics* in 2017 found that maternal influenza infection during pregnancy was not associated with increased autism risk. However, there was a suggestion that mothers who

“A paper published in the journal *Vaccine* found that pregnant women who get flu shots two years in a row have an increased risk of miscarriage.”

received a flu shot during their first trimester of pregnancy could have a higher risk of bearing a child who lands on the autism spectrum, though the association was not statistically significant.⁹¹

Another study out of Japan that compared the flu shot to an actual placebo

found that both groups experienced the same amount of flu infection – suggesting that the flu shot is medically useless. The flu shot was also found to cause additional harm, significantly increasing the risk of respiratory disease by 400%⁹² – which, just like in the Swedish DTP study, results from the fact that the flu vaccine weakens the immune system rather than strengthening it.

The Growing Push for Mandatory Vaccination

Despite all of these concerns, vaccination continues to be at the forefront of Western medicine. It's also a compulsory medical intervention, in many cases, that's becoming increasingly more difficult to opt out of.

Forty-five states currently have religious exemptions on their books, while 15 states provision for philosophical exemptions. Nineteen states also have exemption provisions for both,⁹³ while all 50 states currently have medical exemption clauses for vaccines. However, the CDC and various medical trade associations have been chipping away at the allowable contraindications, which means that very few children actually qualify for a medical exemption these days.⁹⁴

In summary, there are still many outstanding questions surrounding vaccine safety and effectiveness, which we delve into in much greater detail in [The Truth About Vaccines](#).

Is There Another Way to Build Strong Immunity?

The unfortunately reality is that most immunologists and conventional medical professionals simply don't know any other way besides vaccines. They lack knowledge and understanding about how true immunity works, and are only able to understand disease prevention through the lens of provoking various targeted immune responses via chemical injections. In some cases, this ends up distorting or even permanently damaging people's immune systems.

However, there are many natural ways to enhance true immunity. It starts in the womb, where a mother passes her immune factors down to her child via the placenta during pregnancy, and via breast milk after

birth. This is exactly why the female body was designed to produce much higher natural levels of antibodies than the male body, because this overflow gets passed on to her offspring.

These passed-down immune factors increase the child's chance of developing only minor infections when encountering viruses and bacteria in the wild, which then result in them acquiring lifelong immunity that can then pass down to their children, and so on.⁹⁵

Further illustrating this point are studies showing that vaccinated mothers actually possess far fewer virus-specific antibodies than unvaccinated mothers, meaning their children are being deprived of the necessary immune factors they





“Forty-five states currently have religious exemptions on their books, while 15 states provision for philosophical exemptions.”

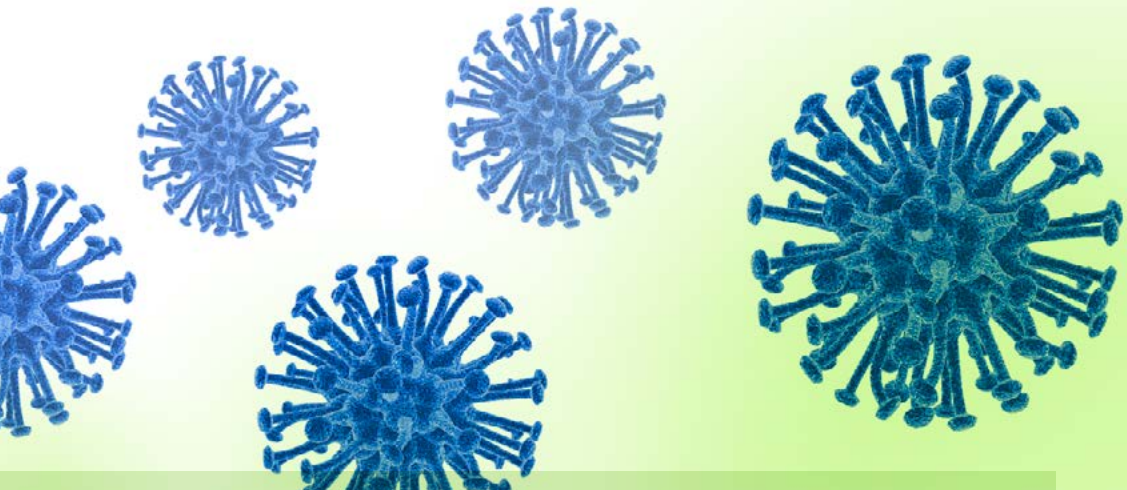
need to stay healthy.⁹⁶ This makes the children of vaccinated mothers much more prone to serious illness than children born to unvaccinated mothers – an inconvenient truth that the medical system will often say requires even more vaccines.

“**B**reastfeeding further benefits both A mother and child by de-creasing the risk for both of them of developing diabetes, hypertension, cardiovascular disease, hip fracture, and many other health conditions.”

Keep in mind that even when a given vaccine does seem to accurately target a given pathogen, the void left in its wake following elimination often just gets filled by some other pathogen – in many cases almost immediately.

The better option is simply to go with the flow of nature. Eating real food, avoiding chemicals, getting plenty of sunshine,

and staying hydrated are among the best ways to ensure that natural pathogenic exposure leads only to mild infection, followed by lifelong immunity.



Natural Infection Further Protects Against Deadly Chronic Disease

Did you know that natural exposure to bacteria and viruses can actually decrease the risk of other major health conditions like heart attack, asthma, allergies, and even cancer?

One study found that children who naturally develop measles, as opposed to getting the MMR vaccine, have a 43% decreased risk of developing leukemia later on in life. This same study found that children who naturally develop pertussis have a 34% decreased risk of developing leukemia.⁹⁷

Another study found that natural chickenpox infection results in a significantly lowered risk of brain cancer, while childhood infections in general can help to greatly decrease one's risk of developing cancer of all types.⁹⁸

Even the simple act of breastfeeding has been scientifically shown to have a profound effect on a developing child's immune system. Breastfeeding has been shown to decrease the risk of leukemia by between 22% and 35%,⁹⁹ while breastfed babies are also 15% less likely to develop childhood Hodgkin lymphoma compared to non-breastfed babies.¹⁰⁰

Breastfeeding even benefits the mother, significantly decreasing her risk of developing uterine cancer,¹⁰¹ ovarian cancer,¹⁰² and breast cancer.¹⁰³ Breastfeeding further benefits both mother and child by decreasing the risk for both of them of developing diabetes, hypertension, cardiovascular disease, hip fracture, and many other health conditions.

We brought together 60 top vaccine experts to answer the ONE life-saving question you should ask before any vaccination...**"What's in it?"**

Discover the never-before-revealed **FACTS**
about vaccine safety in our groundbreaking documentary

The **TRUTH** *About*
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