CHALLENGING THE **VACCINATION DOGMA**

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A chilling, consistent pattern exists in the stories told by parents:

*"My child was happy, healthy and normal. He was walking, learning to talk and interacting with his siblings. He was normal in every way until shortly after his one-year well-baby check up. When the doctor said it was time for his next round of shots, I never questioned it, and **TEN** shots were given, including a COVID booster.*

Within hours, he started to change and within weeks, he lost all his language and he stopped making eye contact with us. He was later diagnosed with autism."

The reports vary slightly in content and timing, but the descriptions of tens of thousands of children who suddenly regress into the isolated world of autism are eerily the same.

What is dogma?

Webster's defines dogma as "a doctrine; a positive arrogant assertion of opinion." Based on that definition, medical dogmas certainly do abound. Many have existed for decades simply because the claim was never disputed. Over time, the method or assumption became part of medical jargon and medical practice, simply presumed to be facts. An early example of medical dogma within the vaccine industry occurred in 1913 when Dr. Simon Flexner articulated that infantile paralysis, the official name for polio, was caused by a virus that entered the

body through the nose and traveled directly to the brain and then to the spinal cord, resulting in paralysis. Flexner's assertions, although widely believed, were never reproduced. Could it have been a faulty assumption because polio is a gastrointestinal virus, not a respiratory virus? [1]

Delays in developing a polio vaccine occurred because Flexner was heavy-handed in maintaining his second doctrine: that poliovirus would only grow in neurological tissue, a culture media that caused life-threatening encephalitis when injected into experimental animals. Believing this to be true, no one attempted to use other types of tissue cultures to grow polioviruses. His lone, 1916 paper remained unquestioned for 25 years until Dr. John Enders found, serendipitously, that the virus would indeed grow in a variety of different animal tissues and it grew best in African green monkey kidney cells. When Enders' revolutionary discovery was published in *Science*, January 28, 1949, the entire virology community immediately accepted the new findings. A polio vaccine was produced within five years. A scientific dogma, embraced as fact for decades, had vanished almost over night when challenged by scientific fact.

The Institute of Medicine (IOM), a group of ostensibly impartial physicians, scientists and researchers, promotes a present day dogma, that vaccines don't cause autism. After performing a meta-analysis of dozens of industry-funded research papers concluding there is no connection between vaccines and autism, the IOM similarly concluded there is no connection between vaccines and autism.

How could they come to any other conclusion?

The phrase, "temporal association does not prove causality" means that even though two events occur in close proximity or even simultaneously, one event does not cause the other." An example would be dropping a glass in the bathroom at the same time the doorbell rings. The shattered glass didn't cause the bell to chime.

With vaccines and autism, the IOM supports the dogma promoted by the American Academy of Pediatrics: Since autism occurs chronologically around the same time as the first year vaccinations, devastated parents need something to blame. But the vaccines are not the cause of autism.

While parents observed first hand the changes in their child soon after seemingly "harmless" vaccinations, medical officials, public health officials, and the US government deny it was the vaccine and instead, blame the defective child. The following statement was published in the CDC's publication on infection diseases, referred to as *The Pink Book:*

"There is no distinct syndrome from vaccine administration, and therefore, many temporally associated adverse events probably represent background illness rather than illness caused by the vaccine. The [vaccine] may stimulate or precipitate inevitable symptoms of underlying CNS disorder, such as seizures, infantile spasms, epilepsy or ***SIDS.*** *By chance alone, some of these cases will seem to be temporally related to [the vaccine]."* [2]

In other words, they're saying that vaccines don't cause harm. The child must be defective if s/he deteriorated after a shot. Current investigations are searching for genetic causes for autism. The identification of a corrupt gene will give additional ammunition to public health officials and medical doctors who will then be quick to point an incriminating finger at defective parents rather than to blame their hallowed vaccines.

Safety assumptions

The classic example of unquestioned dogma was the long held notion that the sun rotated around the earth. In 1530, Copernicus challenged the assumption by demonstrating evidence that the earth rotated on its axis once daily and traveled around the sun once yearly. A fantastic concept for the times, the new information was considered heresy.

Nearly 100 years later, when Galileo supported Copernicus' conclusions, he was imprisoned, subjected to a trial by Holy Inquisitioners. He was forced to withdraw his evidence to save his own life. Interestingly, the Catholic Church did not reverse the sentence until October 13, 1992.

Similarly, parents are forced into vaccination decisions by modern day medical inquisitioners. Threats include expulsion from the medical practice and calling children's protective services (CPS) with accusations of medical neglect. Parents are told vaccines are safe and necessary to keep children healthy. But are they really safe? Do they really protect against infection?

Vaccination is a medical treatment, and, like dogmas, assumptions regarding the effectiveness of a wide number of medical treatments abound. In fact, a report published by The Government Accounting Office (GAO) as far back as 1978 concluded: *"Only 10 to 20 percent of all procedures currently used in medical practice have ever been shown to be efficacious by controlled trials."* That trend continues to this very day.

In other words, up to 90 percent of accepted medical practices are *assumed* to be safe and effective without any real proof. Vaccination falls generally into this category. Contrary to constantly repeated claims by the government, and the medical and the pharmaceutical industries, vaccines have never been proven to be safe by the gold standard of medical research: A double-blind, placebo controlled investigation.

Webster's Online Dictionary defines a *placebo* as "a harmless pill, medicine, or procedure; a substance that has no therapeutic effect used as a control in testing new drugs." In a drug study, the safety of a medication is determined by comparing it to the effects of a neutral placebo, such as a sugar pill. In a vaccine study, the vaccine under investigation is not compared to an inert compound such as an injection of saline water. Instead, the "placebo" is often another vaccine, or, as in the case of Gardasil, (the vaccine against cervical cancer), **the placebo was an injection of aluminum**.

If the side effects caused by the experimental vaccine are found to be similar to the reactions caused by the placebo-vaccine, manufacturers declare the new vaccine to be "as safe as placebo."

Another trick used by investigators is to discount any part of a study's data that suggests a problem.

The following excerpt from a clinical trial demonstrates how a placebo-vaccine is used and how negative data was swept aside. The study was designed to examine the Comvax safety, a vaccine combining the HiB (Haemophilus influenza) and the hepatitis B vaccines into a single injection.

"During the study, 17 children (1.9 percent) had an event within 14 days of vaccination that met one of the defining criteria of a serious adverse experience. These experiences included seizure, asthma, diarrhea, apnea (*stopped breathing),* and others. Virtually all of these adverse experiences were classified as serious because they involved a hospitalization. **None was judged by the study investigators to be causally related** *(caused by)* to Comvax or **the placebo**. In addition, **three deaths** among participants in this study were attributed to sudden infant death syndrome [SIDS]. The deaths occurred greater than 14 days after administration of a dose of vaccine (on days 29, 31, and 38, respectively.) Again, **none [of the deaths] was judged by the investigators to be related to vaccination**."

The HiB vaccine and the hepatitis b vaccine, given as two separate shots, was the "placebo" used in the Comvax study. Even more alarming is how investigators simply **nullified the serious side effects** – hospitalizations and SIDS (death) - with a stroke of the pen. Comvax was declared to be "safe and well-tolerated." Of note, Covmvax was quietly removed from the market in 2014 without explanation.

Understanding the True Meaning of “Effective”

The medical community and the general public assume an effective vaccine is one that protects a person from contracting the infection they have been vaccinated against. For example, the chickenpox vaccine is considered to be effective by doctors if, in the case of an outbreak, those vaccinated do not contract chickenpox.

However, that’s not exactly the same endpoint researchers use to define “effective.” Researchers declare a vaccine to be effective when an antibody develops as a result of the injection. The antibody response, called positive seroconversion, means the vaccine did what it was supposed to do: It was effective.

Does the presence of an antibody equate to protection against an infection? That's the whole reason to vaccinate...but does it hold up under scrutiny?

Here's what the CDC said about pertussis antibody:

"The findings of efficacy studies have not demonstrated a direct correlation between antibody response and protection against pertussis disease. However, antibody studies are [only] useful to compare immune responses elicited by a single vaccine under different conditions or in different studies. Thus, efficacy studies are required to measure clinical protection conferred by each pertussis vaccine."

Here's what the package inserts say about the *H. influenza B* antibody*:*

"Antibody generated by HibTITER has been found to have high avidity, a measure of the antibody to bind to antigen. High-avidity antibody is more potent than low-avidity antibody in serum bactericidal assays. ***The contribution to clinical protection is unknown."***

"Antibody titers to ACTHib of >1.0 mcg/mL following vaccination is correlated with long-term protection against invasive disease in children older than 24 months of age. ***Although the relevance of this lab value to clinical protection is not known****, this level continues to be indicative of long-term protection."*

Here are links to several cases of **full blown tetanus** in patients who had been fully vaccinated with tetanus vaccines....which means, if antibodies from a tetanus vaccine don't protect you from tetanus, do *any* antibodies from *any* vaccines keep you from getting sick?

- Tetanus in an immunized patient (here)
  - Severe tetanus in three vaccinated patients with high anti-tetanus titers (here)
  - Clinical Tetanus Despite a 16x 'Protective' Level of Antibody (here)
  - A Case of Clinical Tetanus in Patient with Protective Antibody Level (here)

The esteemed medical journal, *Vaccine*, states clearly: "It is known that, in many instances, **antibody titers do not correlate with protection**."

In fact, many outbreaks have occurred in fully vaccinated populations. In one measles outbreak, a group of children were more than 99 percent vaccinated. Outbreaks of chickenpox and mumps have occurred when children were fully vaccinated.

If the reason to receive a vaccine is to invoke an antibody, and if antibodies do not provide protection, should the entire philosophy behind vaccination – the idea that vaccines keep you from getting sick – be revised, perhaps even eliminated?

So, why vaccinate?

The mantra that vaccines are safe and effective has become a medical sacred cow, an dogma regarded to be above criticism or attack. Challenges to vaccination have often been written off as a conspiracy theory. Parents have learned through difficult personal experience what can happen when they challenge their pediatrician's position regarding vaccination. Nonetheless, many parents are doing their own research, trusting their instincts, and learning how to stay healthy and well without the shots.

A benchmark in a civilized society is the absence of infectious illnesses, a doctrine that emerged during the pre-antibiotic era. Public health officials attribute low infection rates to mass vaccination rather than giving credit to improved personal hygiene and modern conveniences such as indoor plumbing, electricity, refrigeration and clean water. In fact, Harvard University researchers, David Cutler and Grant Miller, from Harvard University, state in their important paper:

"Our results also suggest that clean water was responsible for 3/4 (74%) of the decline in infant mortality and nearly 2/3 (62%) of the decline in child mortality. The magnitude of these effects is striking. Clean water also appears to have led to the near eradication of typhoid fever [and other] scourges such as pneumonia, tuberculosis, meningitis, diphtheria/croup.

Clean water technologies are likely the most important public health intervention of the 20th Century."

We are often told that vaccination is the "most important public health measure in modern times." But it appears that it wasn't mass vaccination after all that has improved health and extended longevity after all.

It is time for the truth about vaccines to be widely known:

- Vaccine safety has not been proven.
- Vaccines provide false security about protection.
- Vaccines can cause serious health consequences, even death.

It is time to dispense with the "safe and effective" dogma before one more person is harmed.

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Additional footnotes:

1. Rogers, Naomi. Dirt and Disease, Polio before FDR. (New Brunswick: Rutgers University Press, 1996), p. 24.

2. CDC. Epidemiology and Prevention, The Pink Book, 6th Edition, Chapter 6: Pertussis. pg 80

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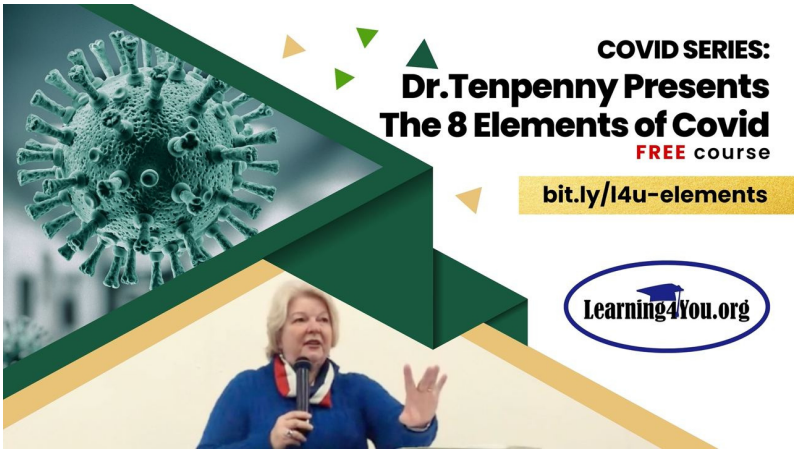


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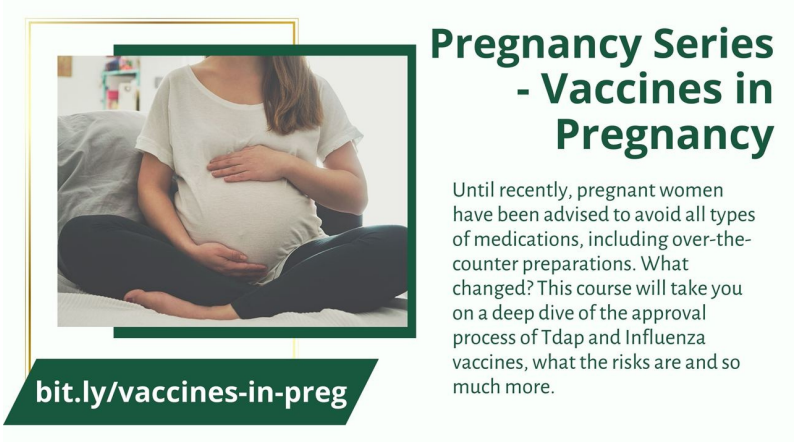
Pregnancy Series - Vaccines in Pregnancy
Until recently, pregnant women have been advised to avoid all types of medications, including over-the-counter preparations. What changed? This course will take you on a deep dive of the approval process of Tdap and Influenza vaccines, what the risks are and so much more.
bit.ly/vaccines-in-preg