Connecting Adverse Health Events to Childhood Vaccines

by Jeremy James

This paper addresses the safety of childhood vaccines and the issues that concerned parents and all true Christians should consider in the light of the marked determination shown by the pharmaceutical industry to intensify their use and, very possibly, to make them mandatory.

Disclaimer and Purpose

The author is not a qualified medical practitioner; neither does he possess any professional qualification in the medical field. We are not giving medical advice. Rather we are identifying the issues that parents and caregivers need to consider when deciding whether or not to vaccinate a child.

In doing so we will address the role that vaccine programs are undoubtedly going to play in shaping the New World Order. As a tool of social engineering, they are a potential source of incredible power if used for a political purpose.

"Writing about vaccines is like traveling into the mythological underworld where Hades rules. It is a dark and dismal realm where innocent babies and their families are deeply traumatized."
– Neil Z Miller, Medical Research Journalist

The vast majority of vaccines in use across the human population are designed, manufactured and distributed by large corporations. These corporations exercise enormous influence in the medical world but operate in accordance with the same commercial considerations that define the way all large corporations operate. These include the drive to generate profits, to expand their markets, to increase their range of products, to ensure customer loyalty and dependency, to suppress competition, to fix prices, to limit alternatives to their products, to influence and control as far as possible the rules and regulations which affect the manufacture and sale of their products, to satisfy shareholders, and, overwhelmingly, to influence public opinion and perception in all matters pertaining to the use, effective-ness, and safety of their products.

PART ONE: The System is Broken

If pharmaceutical companies, in generic terms, do not differ in law from other companies, then we cannot expect them to adhere to a higher standard of ethics or to serve the public good. There is nothing altruistic about their operational philosophy. Bear in mind, much the same stream of graduates from Harvard business school and similar institutions run the pharmaceutical companies as run the tobacco companies, the oil companies, and the big casinos in Las Vegas.

For this reason alone, any sensible person ought to be wary of the power and influence exercised by these profit-driven monoliths. The big tobacco companies in the 1960s lied and lied, over and over again, to hide the damage caused by their products. They knew their lies were directly responsible for thousands of deaths annually of American citizens. It is irrational to expect any other company, including a pharmaceutical company, to be incapable of sliding into the same kind of moral malaise.

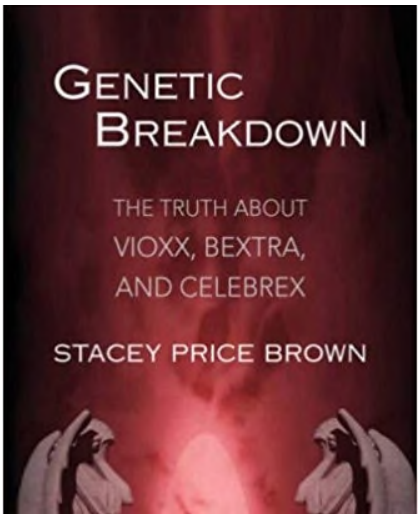
The Vioxx Scandal

We have already witnessed at least one startling example in recent years of their capacity to lie and deceive. Vioxx was a non-steroidal anti-inflammatory drug manufactured by Merck for the treatment of osteoarthritis. Released in 1999, it was prescribed about 80 million times worldwide before it was withdrawn in 2004. During its short life it shortened many lives but earned around $2.5 billion for Merck.

The problem with Vioxx, as Merck knew about a year after it was released, was that it greatly increased the risk of heart attack and stroke. But they kept it on the market and concealed evidence that it was killing large numbers of healthy people. It later emerged that data from 21 studies had been fabricated so that Merck could claim (falsely) that the drug had superior analgesic properties. Furthermore pre-release trials had suggested that the drug might possibly have adverse cardiovascular effects, but Merck failed to follow this finding with more exhaustive studies. The FDA estimate that Vioxx killed over 60,000 people. This is more than the number of Americans who died in the Vietnam War. The true figure may be even higher.

Pfizer

This kind of behavior is endemic across the industry. For example, Pfizer was fined a staggering $2.3 billion in 2009 when they were found guilty of the crime of misbranding a product, in this case an anti-inflammatory called Bextra, with the intention of deliberately misleading the consumer. Bextra is known to have caused a large number of deaths through heart attack and stroke, but Pfizer did a better job than Merck in suppressing details of the harm inflicted by their product. Like Merck, Pfizer also knew before it came on the market that the drug could produce cardiovascular side-effects.



In an article published on 2 September 2009, the ***New York Times*** commented as follows on the corporate culture within Pfizer:

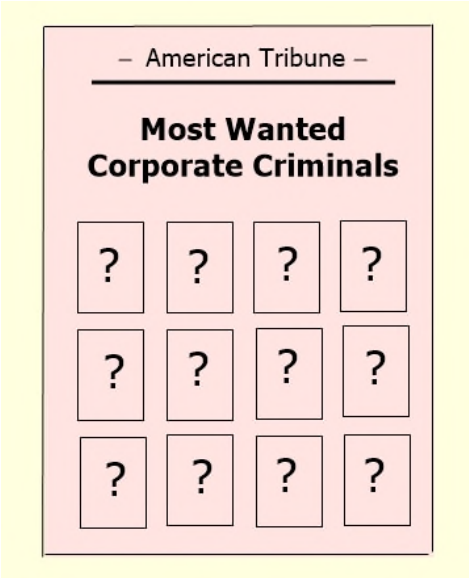
> "The government charged that executives and sales representatives throughout Pfizer's ranks planned and executed schemes to illegally market not only Bextra but also Geodon, an antipsychotic; Zyvox, an antibiotic; and Lyrica, which treats nerve pain."

It also referred to an earlier instance of proven illegal activity at Pfizer:

> "Much of the activities cited [in the government prosecution of Pfizer and its marketing of Bextra] occurred while Pfizer was in the midst of resolving allegations that it illegally marketed Neurontin, an epilepsy drug for which the company in 2004 paid a $430 million fine and signed a corporate integrity agreement – a company-wide promise to behave." [*emphasis added*]

It is unsettling to realize that Pfizer was actually required to sign an agreement with the government authorities in 2004 to confirm that in future its business activities would be conducted in compliance with the law! We have here a measure of how irresponsible the pharmaceutical industry has become when such 'agreements' are now necessary. Indeed, the NYT article noted that "[Government] prosecutors said that they had become so alarmed by the growing criminality in the industry that they had begun increasing fines into the billions of dollars and would more vigorously prosecute doctors as well." (Note the word "criminality".)

Why would they prosecute doctors as well? Because doctors assist with the compilation of the research data on which the safety and efficacy of drugs is assessed. Drug companies offer substantial inducements, both financial and benefits-in-kind, to secure endorsements from doctors across the medical profession, especially those who are known to have influence among their peers or who submit papers to medical journals.



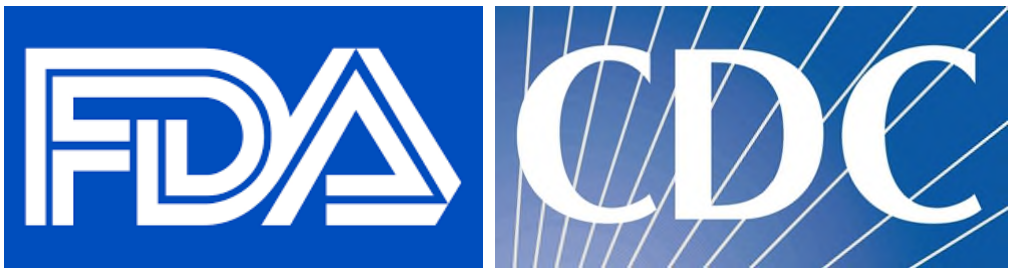
The Moral Dilemma

As we discuss the troubling world of vaccines we should never lose sight of the fact that these potentially debilitating substances – which we are required to inject on multiple occasions into our children – are made by corporations with the same lamentable levels of honesty and integrity shown by Pfizer in recent years, the same reckless disregard for the law, and the same obsession with profit and market share. The scions of this illustrious industry then sneer with contempt when we dare to ask reasonable questions about the safety of their products!

Merck killed over 60,000 people with Vioxx. All of these deaths were avoidable. This powerful corporation only had to act within the law to spare the lives of these unfortunate individuals, but it didn't. There were no complicating factors to consider. The evidence was very straightforward. Their product was killing fellow Americans but they kept it on the market for several years after they knew beyond all doubt that it was toxic. None of the managers responsible have been prosecuted and sent to prison. The government only requires that, where corporate giants misbehave – or commit a grotesque crime, as in this case – they need only pay a fine. That's it. A fine.

Two Major Problems (not just one)

So we have two major problems here, not one. In addition to the potential criminal misconduct of the pharmaceutical companies, we are faced with the abject failure, at both state and federal level, to hold anyone responsible for the systematic unlawful killing of innocent people. This second problem is every bit as serious as the first.



The public has two main forms of institutional protection with regard to vaccine safety. The first is the Food and Drug Administration (FDA), which is responsible for approving vaccines for public use and setting conditions as to how they are used, and the Center for Disease Control and Protection (CDC), which compiles detailed statistics on public health, including the role played by vaccines in maintaining public health and preventing the spread of disease. Thus the FDA is concerned mainly with events leading up to the introduction of a new drug, while the CDC is concerned with the impact that pharmaceutical products are having on the health of the general population.

However, both the FDA and the CDC are under government control. This means they are part of the same administrative apparatus which finds no-one guilty when thousands of innocent people are killed by defective products. If the manufacturers are able to secure immunity from prosecution simply by paying a corporate fine, then there is little incentive for either the FDA or the CDC to focus on those parts of their remit that deal with corporate liability and possible criminal conduct.

On top of this, we know that many of the senior executives in these two organizations are recruited from bodies and corporations with ties to the pharmaceutical industry. Some even return to the industry after a period of service with the FDA or the CDC. So, in addition to the absence of any clear incentive to detect and expose criminal behavior, these organizations are hampered – if not emasculated – by serious conflicts of interest.

So who is protecting the general public?

So who is protecting the general public? If a defective vaccine was in use, at what stage would it be recalled? How many children would have to die or suffer damage to their health before the pharmaceutical company concerned, the CDC, or the FDA decided to act? 100,000? More? Who knows. That's the problem. We have no confidence that they would ever act in time to prevent unnecessary deaths and injuries. Indeed, we have no confidence that they would act at all unless compelled to do so by an outside agency, most likely the courts on foot of a class action suit. Even then the penalty imposed would probably be no worse than a punitive fine and a court order to pay compensation. Heaven forbid, they might even be required to sign a corporate integrity agreement.

Does this mean the system is broken? Yes, it does. In fact a senior member of staff at the FDA admitted that this was the case. Here is an extract from a paper by the Union of Concerned Scientists, ***FDA's Drug Safety System Fails to Protect Public*** (2004):

> In September 2004, the pharmaceutical company, Merck, voluntarily withdrew its pain medication Vioxx from the market after evidence emerged that patients were at increased risk of heart attack while taking the drug. Critics have charged that the FDA failure to protect the American public in this instance is symptomatic of a larger problem at the agency. In testimony before the Senate Finance Committee, a reviewer in the Food and Drug Administration's (FDA) Office of Safety Research charged that the agency's system for evaluating drug safety is broken and fails to protect public safety. In his November 2004 testimony the reviewer, Dr. David Graham, charged that the FDA's procedures and culture made it impossible to adequately investigate drugs, and that crucial post-approval safety monitoring is especially compromised.

Note the ominous closing comment, “crucial post-approval safety monitoring is especially compromised.”

It went on to say:

> A series of studies published in the *Journal of the American Medical Association* (JAMA) provided further evidence that the FDA's system for regulating drug safety is flawed. JAMA editors pointed out that the system leaves drug makers largely responsible for evaluating the dangers of their own drugs, and relies on doctors’ volunteer reporting of problems rather than any thorough evaluation after a drug is on the market. The editors agreed that it was unreasonable to have the same agency both approve drugs and "also be committed to actively seek evidence to prove itself wrong."

We repeat: The system is broken

This brings us to the end of Part One of our paper: The system is broken. In arriving at this conclusion, it was not necessary to consider whether or not vaccines are effective or even whether there is evidence to suggest that some of them may be harmful. The truth is that no reliable early-warning indicators exist to flag a potential disaster.

When one considers the number of children who receive these products and the long-term impact that they can have on the health and general well-being of our dear ones, this situation is nothing short of alarming.

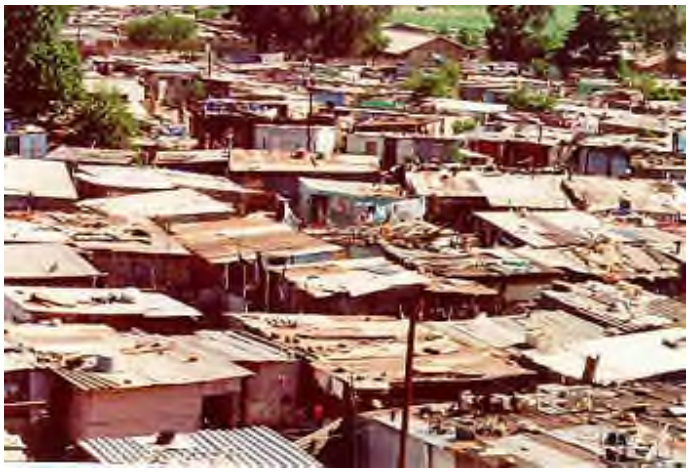
Those journalists and insiders who defend vaccine safety, but who ignore this overarching reality, should be ashamed of themselves. No-one can claim that any of the existing vaccines are safe while they continue to be administered through a regime that is patently unable to respond effectively – or even responsibly – to signs that a drug is harming the population.

PART TWO: The Make-believe World of Vaccine Safety

Defenders of vaccine safety are generally impatient with anyone who dares to raise questions about the contents of these highly artificial products. Seemingly, a person without a medical qualification is ineligible to participate in any such debate. They will even attack medically qualified personnel if they do not work directly in the field of epidemiology or pharmacology. Many of them use the demeaning epithet 'anti-vaxxer' to describe someone who questions the safety of vaccines, more often than not implying that in doing so they are undermining a system that can work effectively only if such questions are not asked!

Are childhood vaccines necessary?

Are vaccines necessary? This is not an easy question to answer. There is a large body of evidence, produced mainly by the pharmaceutical industry, to suggest that they may have some efficacy. Equally there is a great deal of evidence to indicate that improvements in the general health of the population over the past hundred years or so can been attributed almost exclusively to the same factors that have affected human health throughout history, namely standards of sanitation and hygiene, personal nutrition, and the availability of clean water.



For example, when living standards collapse and large numbers of people are forced to live in squalid, insanitary conditions, with poor quality food and a greatly reduced supply of clean water, disease outbreaks can occur within weeks. These arise mainly from the accumulation of human and animal waste and pathogens carried by rodents and insects.

Our bodies are already home to many of the micro-organisms that cause disease. However, they exist in such minute quantities that they are unable to overwhelm our immune system. The situation changes dramatically when our immune system is weakened by poor nutrition and poor quality water or when the quantities of infectious micro-organisms in our immediate environment increase enormously, for example when basic sanitation breaks down and human waste is allowed to accumulate and fester.

Suspect claims by the industry

So, when the pharmaceutical industry publishes graphs that purport to show a causal connection between the introduction of vaccines and a marked fall in the incidence of certain diseases, they are making a claim which is very difficult to substantiate. In order for such a claim to have any scientific validity, the industry would need to produce a graph for each disease which showed how the incidence of that disease would have diminished (without the use of vaccines) as living standards improved over time. Only then could they argue that the additional fall (if any!) in the incidence of a particular disease was due to the vaccine.

Any enquiry into the efficacy of vaccines is entirely dependent on the availability of accurate epidemiological statistics. Alas, the methodology used to compile and analyze such statistics is largely under the control of the pharmaceutical industry. Under normal circumstances, where profit is not a major consideration, one would expect such statistics to be reliable since no-one stood to benefit by skewing them in one direction or another. However, where vested interests can influence the outcome, we would expect a bias of some kind. This is especially true where vaccines are concerned since they are the most profitable – by far – of all the products manufactured by the pharmaceutical industry.

As we noted earlier, we are concerned mainly with the safety and not the efficacy of vaccines in this paper. Nevertheless we need to see that the science purporting to prove their efficacy is much more complicated, and much less convincing, than the industry would have us believe. In practice, there is also a significant degree of overlap in the public mind between safety and efficacy. The industry likes to exploit the common human tendency to believe that, if something is beneficial, then it can do no harm.

Vaccine contents

Vaccines do not consist simply of the 'active' ingredient in a solution of sterilized water. Several other substances are also added to preserve and stabilize the vaccine, along with an 'adjuvant' to improve the body's immune response to the active ingredient. These additional substances, which are sometimes called *excipients*, can include an aluminum salt, formaldehyde, gelatine, human serum albumin, and an adjuvant known as squalene which is derived from purified fish oil. Seemingly, these are present only in extremely small quantities. For example, each vaccine dose contains only about a millionth of a gram of aluminum.

Vaccine contents

Common vaccine substances include antigens (attenuated viruses, bacteria, toxoids), preservatives (thimerosal, benzethonium chloride, 2-phenoxyethanol, phenol), adjuvants (aluminum salts), additives (ammonium sulfate, glycerin, sodium borate, polysorbate 80, hydrochloric acid, sodium hydroxide, potassium chloride), stabilizers (fetal bovine serum, monosodium glutamate, human serum albumin, porcine gelatin), antibiotics (neomycin, streptomycin, polymyxin B), and inactivating chemicals (formalin, glutaraldehyde, polyoxyethylene).

Whether or not these substances are required is a matter of conjecture. The pharmaceutical companies are allowed to include them because the amounts are so small and are not known to be toxic if taken orally. However, vaccines are injected directly into a child's tissue and quickly make their way into the bloodstream. If any of the constituents get past the blood-brain barrier they can (and do) affect the brain, and may trigger an inflammatory immune response.

Encephalitis or inflammation of the tissue surrounding the brain has been observed countless times in young children within hours of receiving a vaccine. Many of them went on to develop mild to severe autism. The pharmaceutical companies contend that in all such cases the symptoms were "coincidental" – unexplained – and that a causal connection between the vaccine and the symptoms cannot be inferred.

To the average person this attitude may seem perverse. However, the idea that such events can simply be dismissed as "coincidental" is an axiom of the vaccine industry. This can be seen most clearly in the guidelines for 2014 (revised in 2016) produced by the World Health Organization (WHO), titled: ***Global Manual on Surveillance of Adverse Effects Following Immunization***.

The edition for 2013 carried the following explanation of purpose:

> PURPOSE: This user manual serves as a guide to a systematic, standardized global causality assessment process for serious adverse events following immunization (AEFI). It is intended to be used by staff at national level (such as members of national AEFI committees) and at subnational level, as well as immunization programme managers and others. It also serves as an educational tool for trainers and researchers and as a ready reference guide on AEFI causality assessment.

In short, the Manual purports to be the approved model for use by national health authorities in all countries (not just the US and Europe) when assessing adverse reactions to vaccines, especially where a causal link is postulated. (Some relevant extracts from the Manual are set out in **Appendix A**.)

Pediatricians challenge the WHO guidelines

Earlier this year two leading pediatricians in India published a paper in the **F1000Research** open access publishing platform which was severely critical of the revised WHO guidelines (It is doubtful whether more traditional medical journals would have published the paper). According to the authors – Dr Jacob Puliyel of Delhi and Dr Pathik Naik of Surat – the new guidelines put the lives of children at risk and action needs to be taken "urgently in the interest of child safety."

Incredibly, under the revised WHO guidelines, only adverse reactions that had been observed during clinical trials of a vaccine could be classified as vaccine-related. All new serious adverse reactions, even those which result in the death of the child, should be considered "coincidental" or "unclassifiable." The vaccine itself should not be blamed!

Vaccine-related fatalities

A study by Neil Z Miller and Gary S Goldman published in 2011 showed that countries which require more vaccine doses in the first year tend to have higher infant mortality rates. Under the International Classification of Diseases (ICD), infant deaths may be categorized into one of 132 categories. One of these – Sudden Infant Death Syndrome (SIDS), sometimes known as *cot death* – shows a strong statistical correlation to the DTP vaccine. One study has shown that 70% of SIDS deaths occurred within 3 weeks of receiving the vaccine, while Fine & Chen (1992) reported that babies died at a rate nearly 8 times greater than normal within 3 days of getting a DTP vaccination.

On the basis of their research, Miller and Goldman concluded that several other infant death categories may also be linked to vaccines. They stated:

> Several additional ICD categories are possible candidates for incorrect infant death classifications: unspecified viral diseases, diseases of the blood, septicemia, diseases of the nervous system, anoxic brain damage, other diseases of the nervous system, diseases of the respiratory system, influenza, and unspecified diseases of the respiratory system. All of these selected causes may be repositories of vaccine-related infant deaths reclassified as common fatalities.

One would have thought that their paper and others like it would have led to a more effective analysis of the linkage between vaccines and adverse health outcomes, not only in relation to actual fatalities but also in relation to a child's health and development in the longer-term. However, the World Health Organization – which is controlled by the same people who control the pharmaceutical industry – would seem determined to ensure that no such causal relationships are ever identified.

As the Indian pediatricians pointed out in their paper, the WHO Manual has also changed the definition of "causal association" whereby, if a possible alternative explanation of an adverse event could be postulated, no causal association with the vaccine should be made. The impact of this restriction on the accuracy of medical reporting in India became evident when, among the AEFI (adverse event following immunization) cases reported to the national database after the guidelines were revised – in which 54 babies died – not one death was classified as vaccine-related. Most were described as "unclassifiable" or "coincidental."

The Parable of the Blind **by Peter Bruegel the Elder**

Vaccine Testing

It is the responsibility of the pharmaceutical companies to test their vaccines thoroughly before they are submitted to the FDA for approval, and it is the responsibility of the FDA to establish that they have done so. But this is not happening. In fact, the revised WHO guidelines offer a further incentive to the industry to reduce the rigor and quality of testing since only those symptoms that show up during testing can later be cited as having a causal association with the vaccine.

Testing must take into consideration all of the 'excipients' [known constituents] used in the vaccine and determine the quantity of each substance that can be safely injected – in one dose or multiple doses over time – into a very young child. There is also an onus on the manufacturer to prove that the vaccine is safe for use by the entire spectrum of the population that is likely to receive it, not just a small cohort of fit and healthy young people. Such testing should also take account of the long-term effects of the drug and its interaction with other drugs, as well as its impact on recipients with a compromised immune system.

One would like to think that this is standard practice across the industry, but we know from experience that this is not the case. The failures at Merck, which led to over 60,000 unlawful deaths among users of Vioxx, is disturbing proof of this. A similar series of failures in relation to a vaccine administered to tens of millions of children would have catastrophic consequences.

The CDC Pledge

The CDC pledges "To base all public health decisions on the highest quality scientific data that is derived openly and objectively." In practice this pledge has no meaning if the industry is able to secure approval for its products while making selective use of scientific data, using criteria which ignore the express concerns of the public, ignoring commonly accepted standards of objectivity, and rejecting outright what is generally known as the 'Precautionary Principle.' According to Wikipedia this principle implies "that there is a social responsibility to protect the public from exposure to harm when scientific investigation has found a plausible risk."

Mercury in Vaccines

Even in an area which ought to be fairly straightforward – the choice of constituents intended to maximize vaccine stability and effectiveness – the record is far from reassuring. Consider mercury. In the form of thimerosal, it was a routine constituent of several vaccines for many decades. Acting as a preservative it suppressed the growth of contaminating bacteria and fungi from the environment after a vial of multi-dose vaccine was opened. (Seemingly it was not needed in single-dose vaccines where the risk of contamination is extremely low.)

The pharmaceutical industry stopped using mercury in certain vaccines between 2003 and 2011. This step was taken, not in response to widespread public concern over the safety of mercury in vaccines – since the industry has always denied that mercury ever posed any level of risk – but supposedly to conform, voluntarily, with the international goal of reducing environmental exposure to mercury from all sources. (This means they could reintroduce it in the morning if they wanted to.)

The additional constituents in a 0.5 ml dose of vaccine may be exceedingly small in volume terms, but they affect the contents of the vaccine. **That's why they are added.** The same constituents will continue to affect a similar volume of fluid in the child's body, including his or her brain. **Does this sound like chemical roulette?**

This begs the question – if mercury is no longer included in most vaccines, then why was it added in the first place? It is very difficult to understand why it was considered an indispensable ingredient for so long, especially as it is known to have a toxic effect on the body even in exceedingly small amounts. Critics have long argued that the industry simply assumed that a miniscule amount of this highly toxic substance would have no adverse effects on the human body, including tiny babies weighing only a few pounds.

It failed to conduct rigorous trials to establish whether or not this assumption was well founded. In practice it was regarded as an inactive ingredient, even though it was added for the express purpose of suppressing certain biological activity, namely the growth of bacteria and fungi. What activity might it continue to suppress after it entered the human body? The industry made no meaningful attempt to find out.

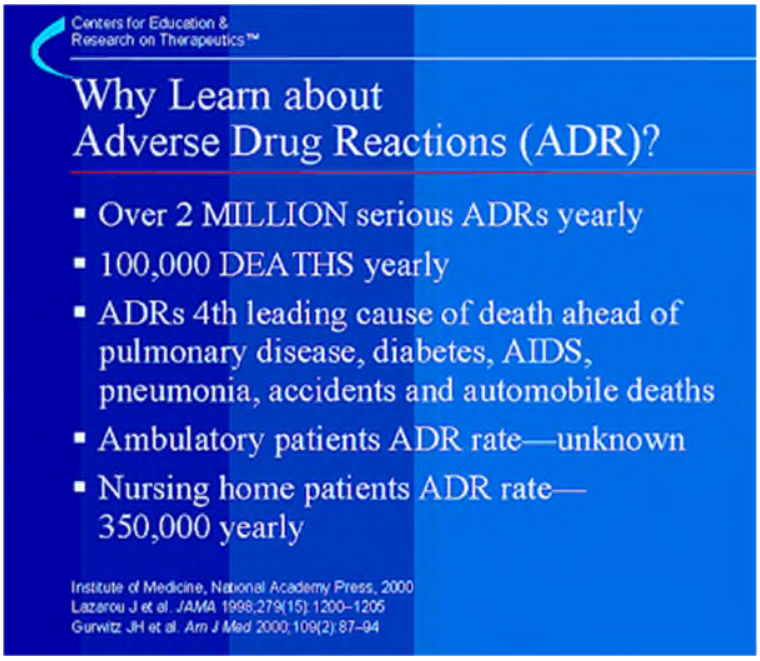
Parents of autistic children have long suspected that the mercury added to vaccines can have a detrimental effect on the brain of developing infants. The countless reported instances of severe adverse reactions within hours or days of receiving a vaccine lend considerable support to this view. Given that many of these children later exhibit mild to severe cognitive impairment, the willingness of the industry to consistently play down the possibility of a causal connection is incomprehensible. This corporate cynicism is facilitated by governments who are anxious to avoid the wrath of one of the most profitable industries in our modern world.

A Startling Admission by the FDA

As might be expected, we find repeated references in the literature to the role played by the Food & Drug Administration (FDA). No drug or vaccine of any kind can be put on the market without its written approval. This means that in any instance where a product causes harm to the public, the FDA are implicated. It is their responsibility to ensure that the safety of the product has been conclusively established before it is released for use by the public. It must also, where necessary, specify the category of person to whom the product may be given and the range of health conditions it is designed to treat.

The problem, in practice, is that the FDA accepts no responsibility for the damage caused by defective or unsafe pharmaceutical products. It is extremely difficult to sue the FDA under the Federal Tort Claims Act and, as far as we can tell, no executive or employee of the FDA has ever been held criminally liable for professional negligence.

The attitude of the FDA – its shameless belief in its own immunity to prosecution – is even flaunted on its website, which carries the following overhead in one of its sections:

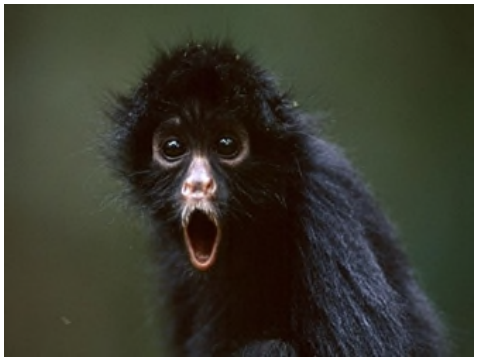


The overhead is accompanied by the following commentary on adverse drug reactions (ADRs):

> The first question healthcare providers should ask themselves is "why is it important to learn about ADRs?" The answer is because ADRs are one of the leading causes of morbidity and mortality in health care. The Institute of Medicine reported in January of 2000 that from 44,000 to 98,000 deaths occur annually from medical errors. Of this total, an estimated 7,000 deaths occur due to ADRs. To put this in perspective, consider that 6,000 Americans die each year from workplace injuries.

> However, other studies conducted on hospitalized patient populations have placed much higher estimates on the overall incidence of serious ADRs. These studies estimate that 6.7% of hospitalized patients have a serious adverse drug reaction with a fatality rate of 0.32%. If these estimates are correct, then there are more than 2,216,000 serious ADRs in hospitalized patients, causing over 106,000 deaths annually. If true, then ADRs are the 4th leading cause of death—ahead of pulmonary disease, diabetes, AIDS, pneumonia, accidents, and automobile deaths.
>
> These statistics do not include the number of ADRs that occur in ambulatory settings. Also, it is estimated that over 350,000 ADRs occur in U.S. nursing homes each year. The exact number of ADRs is not certain and is limited by methodological considerations. However, whatever the true number is, ADRs represent a significant public health problem that is, for the most part, preventable.

Incredibly, the FDA is admitting that this "significant public health problem", which kills hundreds of thousands of Americans every year, is "for the most part preventable" but fails to state that responsibility for its prevention lies in large measure with the FDA itself!



A question of trust

Despite all the evidence reported in the media over the past few decades, evidence which clearly shows the pharmaceutical industry is out of control and that the FDA is an ineffectual pawn in a ruthless profit-making enterprise, the vast majority of Americans are loath to admit that these organizations simply cannot be trusted. The problem is due in part to the failure by family doctors across the US to challenge the stranglehold that the industry exercises over healthcare in America. This in turn is due to the willingness of a great many medical professionals at all levels to accept the lucrative enticements that the industry uses to keep them in line.

The public must jettison the false belief that pharmaceutical companies "care" about their customers. They don't, they never did, and they never will. They are no more trustworthy than any other business enterprise and no less liable to play fast and loose with the facts in order to protect their profits or their market share.

An experienced professional speaks out

In her lengthy review of three books exposing the venality and corruption of the pharmaceutical industry, Dr Marcia Angell stated in the ***New York Review of Books*** (January 15, 2009):

> No one knows the total amount provided by drug companies to physicians, but I estimate from the annual reports of the top nine US drug companies that it comes to tens of billions of dollars a year. By such means, the pharmaceutical industry has gained enormous control over how doctors evaluate and use its own products. Its extensive ties to physicians, particularly senior faculty at prestigious medical schools, affect the results of research, the way medicine is practiced, and even the definition of what constitutes a disease.

If medical professionals knew how phony and self-serving the drug testing system really is, they might be less inclined to co-operate with the industry. Dr Angell describes it in stark terms:

Consider the clinical trials by which drugs are tested in human subjects. Before a new drug can enter the market, its manufacturer must sponsor clinical trials to show the Food and Drug Administration that the drug is safe and effective, usually as compared with a placebo or dummy pill. The results of all the trials (there may be many) are submitted to the FDA, and if one or two trials are positive – that is, they show effectiveness without serious risk – the drug is usually approved, even if all the other trials are negative.

In view of this control and the conflicts of interest that permeate the enterprise, it is not surprising that industry-sponsored trials published in medical journals consistently favor sponsors' drugs – largely because negative results are not published, positive results are repeatedly published in slightly different forms, and a positive spin is put on even negative results. A review of seventy-four clinical trials of antidepressants, for example, found that thirty-seven of thirty-eight positive studies were published. But of the thirty-six negative studies, thirty-three were either not published or published in a form that conveyed a positive outcome. It is not unusual for a published paper to shift the focus from the drug's intended effect to a secondary effect that seems more favorable.

…Of much greater significance was the attention called to the deliberate, systematic practice of suppressing unfavorable research results, which would never have been revealed without the legal discovery process…

Many drugs that are assumed to be effective are probably little better than placebos, but there is no way to know because negative results are hidden. One clue was provided six years ago by four researchers who, using the Freedom of Information Act, obtained FDA reviews of every placebo-controlled clinical trial submitted for initial approval of the six most widely used antidepressant drugs approved between 1987 and 1999 – Prozac, Paxil, Zoloft, Celexa, Serzone, and Effexor. They found that on average, placebos were 80 percent as effective as the drugs. The difference between drug and placebo was so small that it was unlikely to be of any clinical significance. The results were much the same for all six drugs: all were equally ineffective. But because favorable results were published and unfavorable results buried (in this case, within the FDA), the public and the medical profession believed these drugs were potent antidepressants.

In these few short paragraphs Dr Angell, who was deeply familiar with the inner workings of the American medical establishment, laid bare the lies and hypocrisy that underpin the pharmaceutical industry. With a note of dejection she concluded:

> It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of *The New England Journal of Medicine*.

This is a damning indictment of a system that everyone is supposed to trust. A well-placed insider, with years of experience, including two decades as an editor of ***The New England Journal of Medicine***, states in a high-profile publication that it is simply no longer possible to believe much of the clinical research. In effect she is saying that the industry lies and cheats some of the time. The companies that develop potent substances for injection into a new-born baby are no more trustworthy than the tobacco companies of the 1950s and 1960s.

Family Physicians

Dr Angell also states that it is no longer possible to rely on the judgment of trusted physicians or authoritative medical guidelines. The medical profession is so hopelessly in thrall to the propaganda spun by the pharmaceutical industry, not to mention the many financial inducements that it offers, that parents cannot trust their family doctor to give an unbiased opinion on matters that will have lifelong implications for the health and well-being of their children.

In his hard-hitting presentation on YouTube – ***Vaccines and Brain Development*** (Radio Liberty Conference, 2008) – Dr Russell Blaylock deplores the arrogance instilled in medical graduates during their training. They are conditioned to treat the findings of pharmaceutical companies as fault-free, legitimate science and to downplay or reject first-hand accounts by concerned parents of an adverse reaction to a vaccine given to one of their children.

Dr Blaylock has published papers on the hypothesis that immuno-excito-toxicity is a central mechanism in chronic traumatic encephalopathy. Don't be deterred by the big words – the underlying idea is very simple. According to his hypothesis there is ample medical evidence to show that the brain responds to invading toxins – such as the constituents of vaccines – by releasing cytokines which deliver the necessary immune response to the affected area. This can over-stimulate the brain and cause an inflammation that may last for days or even weeks. In extreme cases, it will manifest as a seizure. This is why some children cry and scream for days after receiving a vaccine.

Breast feeding

It is well known that breast feeding supplies not just important nutrients to the developing child, but immunity to numerous diseases. These come from antigens that are naturally present in the mother's milk. The Bible even indicates that breast-feeding in ancient Israel continued until the child was nearly three years of age:

"Beside their genealogy of males, from three years old and upward, even unto every one that entereth into the house of the LORD, his daily portion for their service in their charges according to their courses"

– 2 Chronicles 31:16

The inflammation hypothesis

According to his hypothesis, which is supported by a wealth of research data, the next time the child receives a vaccine, the brain will respond even more forcibly to the invading stimulus. It is this inflammation which hampers the natural development of the brain and leads, in many cases, to conditions like autism, ADHD, speech difficulties, and other neurological disorders. Some of these adverse effects may not become apparent for 2-3 years, or even longer.

By age 2 a child in America will have received 36 vaccinations or vaccine doses. This is simply too many. Every vaccination is by definition a shock to the child's system. Many research studies have proven that a similar vaccination regime in animals – such as rats or pigs – can easily cause brain damage. Analysis of tissue samples confirm this. The animal's behavior is affected, sometimes severely, and many are rendered infertile.

Twelve claims by the industry

Parents are loath to question the need for vaccines. They have difficulty weighing the risk of vaccination against the risk posed by the disease. Let's look at some facts which show how the industry has woven a web of fear and deception from dubious science, false claims, hollow threats, and relentless propaganda. We will take each of its 'claims' in turn and see how substantive they really are:

Claim #1: Vaccines confer lifelong immunity

No, they don't. Experience shows that most vaccines offer protection for little more than five years. Compare this with natural immunity, which lasts a lifetime.

Claim #2: While it lasts, vaccine protection is completely reliable

No, it isn't. Experience has shown over and over that many children succumb to diseases against which they have been vaccinated. Furthermore, the industry has never proven that the resistance to a particular disease by children who had been vaccinated was actually due to the vaccine and not wholly or in part to other relevant factors – notably nutrition, sanitation, and hygiene.

'And then he said, "But we tested the vaccines"!'

Claim #3: Mass inoculation with vaccines confers 'herd immunity'
The term 'herd' is typical of the language used by eugenicists, who regard humanity in aggregate as animals that consume valuable resources and defile the earth. They believe the 'herd' must be culled from time to time, whether by war, disease, famine, or other means.

This kind of immunity is a myth! Since vaccines provide protection (such as it is) for no more than four years, the majority of the population of the U.S. have no vaccine-conferred immunity to any disease. Seen in this light the concept is nonsensical.

The industry used to argue that if 60% of the population was inoculated against a specific disease the remaining 40% would enjoy a high level of protection. This figure rose to 70% and then 80%. Today they claim that 90% of the population must be inoculated in order the protect the population as a whole. Before long they will likely insist that complete protection can only be guaranteed if everyone is vaccinated. This will lead to demands from the industry for mandatory vaccinations and the imposition of penalties, including the threat of imprisonment, for those who refuse to co-operate.

Is nowhere safe from government interference?

Claim #4: The safety of vaccines has been conclusively proven
As we have already seen, this is not true. The pharmaceutical industry routinely tests a vaccine under those standards and conditions that are least likely to show its defects. Many favourable assumptions are made to mitigate the risk of finding a flaw in their product. They can submit the best results from a series of trials as proof that a vaccine is both safe and effective, while withholding evidence from trials which show no benefit. They do not allow independent corroboration of their claims before a product is approved and will challenge the professional integrity and qualifications of anyone who tries to show that the product is either unsafe or ineffective.

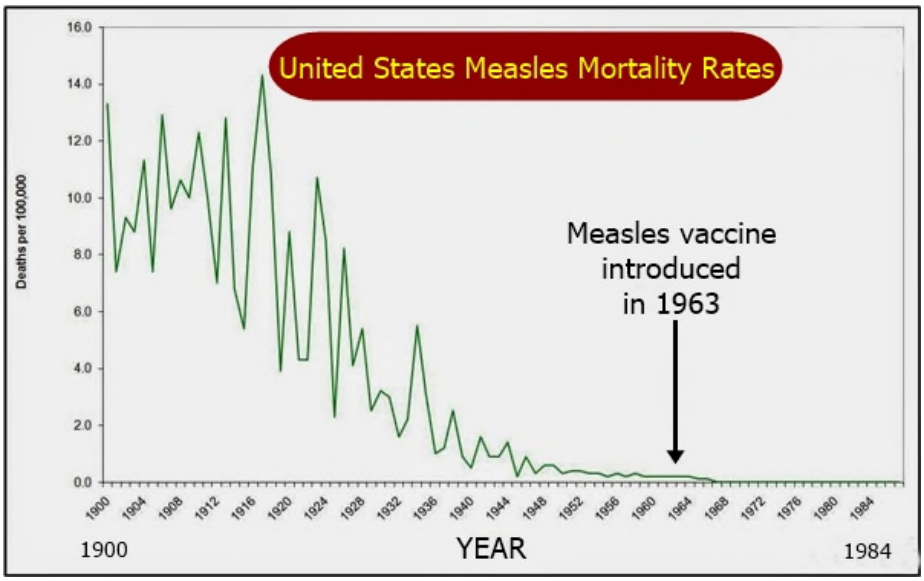
Claim #5: VAERS ensures that all adverse events are recorded

[VAERS: Vaccine Adverse Event Reporting System]

The VAERS system only serves to disguise the true extent of the threat posed by defective vaccines. Only one pediatrician in five is known to report cases to the system. This means a great many cases are not being reported. In addition, the system is designed mainly to handle cases where the elapsed time between the vaccine and the observed effect is fairly short. Many adverse effects cannot be identified for several years, when neither the doctor nor the parents are likely to recognize a possible causal connection between a manifesting health condition and the vaccine.

Claim #6: Childhood vaccines have greatly reduced the incidence of many diseases

This is not true either. Statistics across the board for all major contagious diseases show conclusively that remarkable improvements occurred before the relevant vaccine was introduced. Consider the following chart for the U.S., which shows the incidence of measles in the general population from 1900 to 1984. Why was there such a sharp fall in the numbers dying from measles before the vaccine was introduced in 1963? The answer is simple – improved nutrition and standards of sanitation across America. Healthy children, with no underlying congenital condition, do not die from measles. On the other hand, in developing countries, where nutrition and standards of sanitation are of poor quality, young children certainly do die from measles – even when they are vaccinated against it.



Similar mortality charts for other contagious childhood diseases – including mumps, rubella, pertussis (whooping cough), and diphtheria – show the same sharp decline before the relevant vaccine was introduced.

It is a little known fact that vaccines have in some cases increased the incidence of a disease. In 1985, the CDC reported that 87% of the cases of polio in the USA between 1973 and 1983 were caused by the vaccine and most of the reported cases occurred in fully immunized individuals. In 1977, Jonas Salk, the creator of the polio vaccine, testified before a Senate subcommittee that "all polio outbreaks since 1961 were caused by the oral polio vaccine."

It has also been observed that the polio epidemic of the 1950s was under way for several years before it began to produce serious adverse effects. These coincided with the introduction of the DTP vaccine which, it is believed, weakened the immune response in some children, causing the polio virus to affect them more severely and in a hitherto unknown way. Until then the virus merely produced flu-like symptoms.

Claim #7: The vaccine manufacturing process is perfectly safe
No, it isn't. Even though several of the 'excipients' (constituents) in the vaccine are intended to reduce the risk of contamination, a significant level of risk still exists. The best known example of this is SV-40, a virus that originated in African green monkeys. Kidney cells from this species of simian were used to grow the polio virus during production, but the cells were infected with a hitherto unknown virus (SV-40) which could cause cancerous tumors in humans.

African Green Monkey.

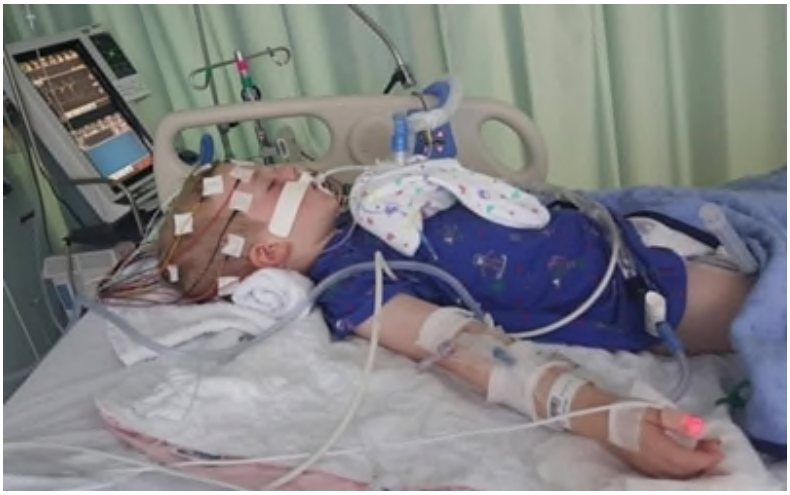
Between 1955 and 1963 around 90% of children (and 60% of adults) in the U.S. were inoculated with polio vaccines that were contaminated with the virus. Even though the virus was removed from all vaccines manufactured after 1970, it still persists today in a large percentage of the human population, passing from mother to child in the womb.

Merck, which manufactured the vaccine, realized by 1960 that their vaccine contained SV-40, but they did not know it was carcinogenic. Rather than remove the virus from the manufacturing process, thereby eliminating the risk of possible harm to future recipients, Merck simply continued to manufacture the vaccine until they had conclusive proof that the virus was dangerous. Up to then it suited them to assume that the virus was probably harmless. During this period many millions of healthy American children were unnecessarily infected with the cancer-causing SV-40 virus, simply because the pharmaceutical company did not want to take a simple precautionary step, at its own expense, and remove the virus. The decision by Merck to leave the virus in the vaccine was clearly sociopathic. Its executives chose to maximize profits even if it meant gambling with the health of millions of children.

The same sociopathic attitude continues to pervade the industry today.

Many studies have shown that SV-40 may not have been as carcinogenic in humans as originally thought. However, as most of these studies appear to have been sponsored by the pharmaceutical industry, serious doubts remain. In any event, this startling episode shows that many key players in the industry are prepared to take outrageous risks with the well-being of the general population in their quest to maximize profits.

If unknown viruses and DNA fragments are making their way into vaccines, then there are reasonable grounds to expect that new kinds of neurological diseases will emerge over time. This would seem to be happening already. For example, cases of Acute Flaccid Myelitis (AFM), which does not appear to be contagious, have increased significantly since 2014. Many pediatricians are angry that the CDC has been so slow to alert the public to the relatively high instance of this 'new' disease or to propose measures to address it. Even though it produces symptoms in children akin to polio, it is not caused by a polio-type virus. Furthermore, only children are affected. This would suggest that it may originate with something to which only children are exposed – such as childhood vaccines. Also, the fact that it is not contagious would indicate that it is introduced into the body from a non-airborne source, such as a vaccine.



Child with Acute Flaccid Myelitis (AFM)

Claim #8: Vaccines contribute to rising standards of public health

Even if standards of public health were rising, this claim would have little to support it. But they are not rising. In fact, under several measures of well-being they are falling. The incidence of autism and autism-spectrum disorders has grown dramatically over the past 20 years. So too has the incidence of asthma and asthma-related mortality.

The incidence of type-1 diabetes and rheumatoid arthritis among children is now at record levels, and serious food allergies and eating disorders among children and young people have increased significantly.

Numerous studies indicate that many of these disorders are linked in some way to vaccines – which work by stimulating the immune system. A vaccine dose that gives an appropriate amount of stimulation to one child may give an excessive amount to another. Since the immune system is 'trained' by its early experiences these events may have long-lasting effects, causing the immune system to over-compensate in response to certain stimuli. Both asthma and rheumatoid arthritis are classic autoimmune disorders. There is also reason to believe that certain excipients may promote food intolerance. Take peanut allergy, which can cause death through anaphylactic shock. This strange phenomenon was virtually unknown before the introduction of vaccines. Research suggests that the use of peanut oil as an adjuvant in certain vaccines may over-sensitize some children to peanut-based food additives. This can be so severe that even the smell of peanut butter can trigger a fatal anaphylactic reaction in a sensitive child.

The greatest source of childhood immunity.

Claim #9: All childhood vaccines are necessary for good health
On the strict understanding that they are both safe and effective, certain childhood vaccines may possibly be desirable. But some are of doubtful value. These include:

Hepatitis B: This vaccine is given at birth and on several occasions thereafter before the child is two years old. It is probably the most superfluous of all childhood vaccines since it protects against a pathogen that can only be contracted through sexual intercourse or contact with bodily fluids. Unless the child's mother is likely to carry the virus, there is no reason to give this vaccine. Please note, also, that the first dose of the vaccine is given at birth, to a child weighing only 7-8 pounds.

Tetanus: Unless a person is working in close contact with animals, there is hardly any need for this vaccine (especially as it provides immunity for only a few years). Cases of tetanus, even among persons who are not vaccinated, are extremely rare. If a wound is properly cleaned there should be no risk of infection. So why give it to a tiny child weighing only 12 pounds or so?

Measles, Mumps, Rubella: These were standard, non-life-threatening childhood diseases in the 1950s. Improvements in general nutrition, sanitation and hygiene had reduced their mortality rate to almost zero. Where deaths do occur, they are generally attributable to complications arising from underlying health conditions. It is hard to see why any child would need to be vaccinated against these common illnesses.

Children who contract them naturally will be unwell for a couple of days but will enjoy lifelong immunity thereafter. On the other hand, a very high proportion – around 90% – of the cases of measles that arise every year are among children who have already been vaccinated against it.

Claim #10: Vaccines have never been shown to cause autism
The proponents of mass vaccination programs claim that no court of law has ever acknowledged that even one case of severe autism has been attributed to an adverse reaction to a vaccine. This may or may not be true, depending on how one interprets the rulings made by courts which have paid out compensation. However, the very fact that compensation has been paid in a very large number of cases is proof that 'something' went seriously wrong somewhere.

No pharmaceutical company will ever admit liability, and no court of law will ever encroach on matters which lie entirely within the competence of another profession. So, unless the medical professionals themselves bear witness to a causal linkage, no such linkage will ever be declared. It is also well known that 'gagging' clauses are attached to many awards, preventing the parents of a severely autistic child from highlighting their tragic experience in the media. On top of all this, we have the undeniable reluctance of the media to report such cases, or even to report on bona fide trials and research which contradict – or even question – the line promoted by the pharmaceutical companies.

Furthermore, as the WHO guidelines confirm [see above], the authorities are making it very difficult for concerned pediatricians to draw any conclusions, even in cases where a child dies soon after receiving a vaccine, which might suggest a causal link between the vaccine and a fatal adverse reaction.

As the WHO guidelines state, “The potential for coincidental events to harm the immunization programme through false attribution is immense.” The enforcement of this attitude will almost certainly suppress any meaningful discussion of this highly sensitive issue at international level. Meanwhile, the deaths of tens of thousands of children will continue to be recorded as “coincidental.” (In years to come the greatest cause of infant mortality across the world may prove to be a hitherto unknown pathogen called “coincidence”.)

Claim #11: The pharmaceutical companies are fully accountable in law

Few members of the public are aware that pharmaceutical companies in the U.S. can manufacture and market childhood vaccines without liability. This ought to shock any rational, law-abiding person. This legal immunity was conferred on the industry via the National Childhood Vaccine Injury Act of 1986 and the Public Readiness and Emergency Preparedness Act of 2006. These exempt members of the industry from paying damages, even in cases where their liability is beyond dispute. All cases for compensation must instead be heard by a special court, which was established under the 1986 Act, known as the “vaccine court” or, officially, The Office of Special Masters of the U.S. Court of Federal Claims. This court deals with all litigation coming before it on a no-fault basis. Huge sums can be paid in compensation but no-one is at fault.

It is extremely difficult to take any of the pharmaceutical companies to state or federal court and deal with a case under normal tort legislation. The industry is either above the law or subject only to its own laws, depending on your point of view.

One family rejected the decision of the vaccine court and succeeded in taking their case all the way to the U.S. Supreme Court in 2011 – a remarkable achievement in itself. Unfortunately for the courageous family concerned, the Supreme Court decided that the National Childhood Vaccine Injury Act of 1986 pre-empts *all* vaccine defect claims against vaccine manufacturers. In a 6-2 ruling, it affirmed that vaccine manufacturers were not liable for vaccine-induced injury or death if they are "accompanied by proper directions and warnings."

If vaccines were safe, would any of these exemptions be required? What other industry manufactures a product or provides a service for which it cannot be held liable if the product or service proves dangerous or defective? Not one. Yet the vaccine industry claims to adhere to standards of excellence which equal or exceed those of any other industry. It defies belief.

Claim #12: Vaccine trials are conducted to the highest scientific standards

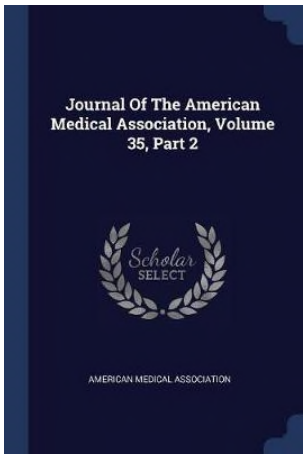
This claim is closely related to #11 above.

Scientific standards can vary considerably, depending on the field of study and the range of parameters selected at the outset. Two related medical studies could fully satisfy all necessary scientific criteria, but one could prove a finding of great importance and the other could prove something of little or no consequence. Normally, if a research scientist wants to prove a particular hypothesis he will design his study or trial accordingly. On the other hand, if he wants to disprove the same hypothesis, he will generally make whatever legitimate changes he can in order to maximize the chances of getting the outcome he wants.

The problem with the pharmaceutical industry is that it has absolutely no incentive to design trials and studies which reveal weaknesses or defects in its products. In fact, it has exactly the opposite incentive, namely, to design trials and studies which optimize the probability that the research data will confirm their safety and effectiveness. And there are many ways to do this.

For example, the population on whom the vaccine is tested may be fitter and healthier on average than future recipients of the vaccine. Or they omit any tests of the interaction that the vaccine may have with other drugs which future recipients of the drug may be taking. Or the control group, whose members receive a placebo, may be given a substance which contains some of the excipients found in the vaccine. Or account is not taken of the proximity of vaccine doses, or the number of vaccine doses already given, or the weight of the child receiving the dose. The company may also confine its trials to a limited time period, thereby eliminating any possibility of finding adverse effects that would only emerge over a longer time period – this is especially significant where childhood vaccines are concerned. The company may also conduct numerous trials and submit to the FDA only those trial results which favour the product.

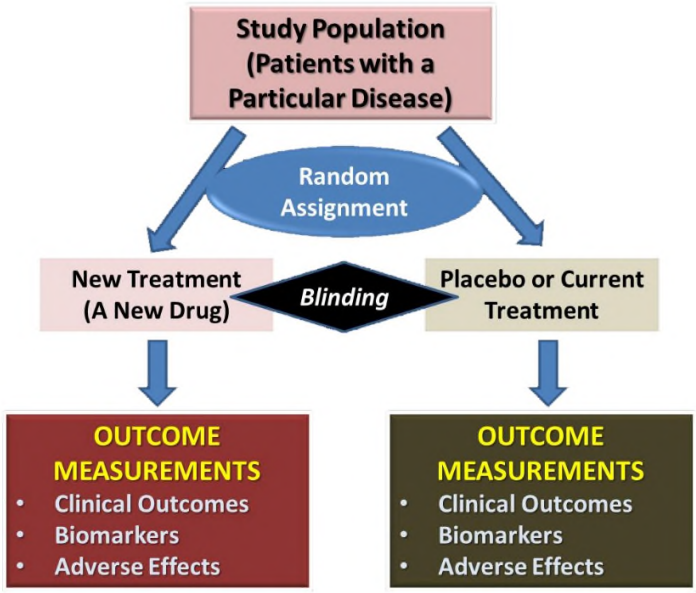
As the *Journal of the American Medical Association* stated, it is unreasonable to expect the same company to test and approve its own products and at the same time “actively seek evidence to prove itself wrong."



The pharmaceutical industry will never agree to conduct long-term studies which compare total health outcomes, nor will it ever allow independent research teams to do so. A major study of this kind would require substantial funding and access to sensitive medical data. If an independent group tried to do this, the industry would have no difficulty blocking access to such data or dissuading grant institutions from providing the necessary funds.

Long-term studies of this kind would enable the cause-effect relationship between vaccines, diseases, and adverse health effects, including child mortality, to be studied in great detail. Despite the staggering profits being made from vaccines and the many billions of people who are required to take them – whose health may be adversely affected as a result – this has never been done! We can only conclude that the industry is determined to block all attempts to show, one way or another, whether a causal connection exists between the ever-increasing use of vaccines and the ever-increasing incidence of serious childhood conditions such as autism and autism-spectrum disorders, asthma, severe allergies, type-1 diabetes, rheumatoid arthritis, cot death, multiple sclerosis, and a host of lesser-known serious health conditions, such as AFM.

Even short-term studies would be highly revealing if they were conducted in double-blind, randomised trials. But the industry never uses this level of rigor when "testing" childhood vaccines.



CONCLUSION

Any examination of the safety and effectiveness of vaccines is a real challenge for concerned parents. The pharmaceutical industry has been highly successful in convincing the public that their products are essential for good health and pose no risk when used as directed. These powerful corporations exercise extraordinary influence over governments, health agencies, the media, medical practitioners, and virtually all aspects of healthcare. It is extremely difficult for the individual to contest their claims in a public forum, to hold them accountable, or to compel them to prove beyond reasonable doubt that their products are safe.

Even though a growing proportion of the general public have well-founded concerns about the safety and efficacy of childhood vaccines, the pressure to accept them is immense and they continue to be endorsed by government with a cavalier disregard for their potential drawbacks.

"Seems Max is slow to talk."
"Yeah, I hear he took the vaccine."

The greatest influencing factor, by far, is fear. The industry has continued to use emotional arguments where rational, scientific ones have failed. Upsetting images of children afflicted by a common childhood disease have a compelling effect. Reports of large numbers of children dying from measles will shake any parent – even though the children are dying in underdeveloped countries where malnutrition is rife and standards of hygiene and sanitation are often abysmally low.

"For God hath not given us the spirit of fear; but of power, and of love, and of a sound mind." – 2 Timothy 1:7

The World Health Organization (WHO) is working hand in glove with the pharmaceutical industry to increase the uptake of childhood vaccines. Like their sponsors, the WHO is prepared to use fear tactics to expand its influence, even to the point of deliberately misleading the public. For example, it declared a worldwide level-6 pandemic alert for the H1N1 strain of flu in 2009. Level-6 was at that time the highest alert level and could only be declared where a real and substantial risk had been identified, where a significant level of severity was already evident across a wide geographical area, and where the pathogen was highly contagious. The WHO had never previously issued a pandemic alert at level-6, but did so in 2009 on grounds which many experts stated were entirely unjustified. The strain caused only "mild-to-moderate" illness and at no stage met any of the criteria that might have warranted a pandemic warning.

"I said it before and I'll say it again, Keep away from my child!"

It is widely believed that the pharmaceutical companies had expected the public to panic and consume hundreds of millions of the H1N1 vaccine doses which they just happened to have ready – even though H1N1 was a hitherto unknown strain of flu virus.

An even more cynical form of fear-mongering was employed by the WHO in 2017 when it circulated photos of babies with microcephaly, a serious cranial deformity, allegedly born to Brazilian mothers who had been exposed to the "dreaded" Zika virus during pregnancy. Again the public was expected to panic and consume copious quantities of the miraculous protective vaccine that the pharmaceutical companies had thoughtfully prepared.

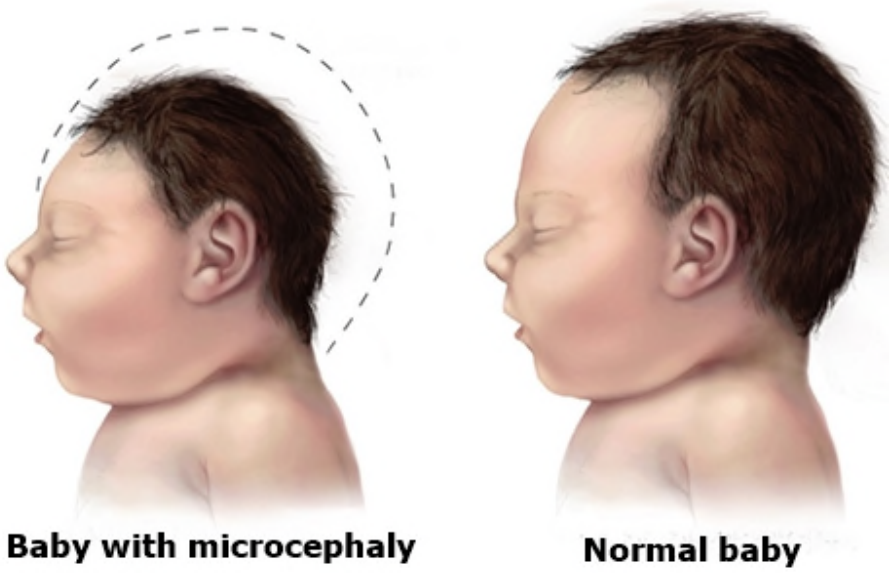
According to the WHO and the CDC, the mosquito-borne Zika virus caused a huge spike in cases of microcephaly in northern Brazil in 2015-2016. The scientific case for a causal connection was made in a paper by S.A. Rasmussen *et al* in the *New England Journal of Medicine* in 2016 – ***Zika Virus and Birth Defects: Reviewing the Evidence for Causality***. It stated:

> As is typically the case in epidemiology and medicine, no "smoking gun" (a single definitive piece of evidence that confirms Zika virus as a cause of congenital defects) should have been anticipated. Instead, the determination of a causal relationship would be expected to emerge from various lines of evidence, each of which suggests, but does not on its own prove, that prenatal Zika virus infection can cause adverse outcomes.

"Right lads, here they come. When I say "Poop", poop."

It is ironic to note that the WHO rejects out of hand the same clinical methodology when analyzing the possible connection between childhood vaccines and adverse events!

One would have expected the authors of the paper to have considered environmental pollutants as one plausible explanation – but they didn't! Instead they opted for a proof based on "criteria for evidence of causation." This approach suited them admirably. In just about every instance where it was possible to make an assumption that supported a causal connection, the assumption was made. Seemingly no research was conducted by the authors, no experimental data was collected and analyzed, and no alternative explanations were considered. The impartiality and healthy scepticism that one would normally expect in a paper of this kind was nowhere evident.



Other clinicians thought so too. A report in *sciencedaily.com*, June 24 2016, stated the following:

> Brazil's microcephaly epidemic continues to pose a mystery -- if Zika is the culprit, why are there no similar epidemics in other countries also hit hard by the virus? In Brazil, the microcephaly rate soared with more than 1,500 confirmed cases. But in Colombia, a recent study of nearly 12,000 pregnant women infected with Zika found zero microcephaly cases. If Zika is to blame for microcephaly, where are the missing cases? Perhaps there is another reason for the epidemic in Brazil. According to a new report by the New England Complex Systems Institute (NECSI), the number of missing cases in Colombia and elsewhere raises serious questions about the assumed connection between Zika and microcephaly.

The NECSI report, by Y Bar-Yam, R Parens and A Morales, showed beyond a shadow of doubt that the real cause of microcephaly in these children was almost certainly a pesticide (They suggest pyriproxyfen):

> We summarize current evidence on the prevalence of Zika and microcephaly in Brazil and Colombia and conclude that the expectation of a large number of microcephaly cases outside of Brazil has not been realized. The ratio of microcephaly to Zika cases is inconsistent between Colombia and Brazil and between Brazilian states, where the majority of cases are confined to the northeast region. At the rate of microcephaly in Colombia, if all pregnancies in the Brazilian state of Pernambuco were infected by Zika, we estimate there would only be 100 cases of microcephaly in a year, whereas the number of confirmed cases is 386. Other causes and co-factors of microcephaly must be considered, including the pesticide pyriproxyfen which has been added to drinking water in some regions of Brazil since the fall of 2014 and is cross-reactive with retinoic acid which is known to cause microcephaly.

The World Health Organization was satisfied to rush ahead and make a bold pronouncement without taking proper account of all the facts. This suited their sponsors, the pharmaceutical industry, who would profit greatly from the line promoted by WHO. In addition to this, WHO betrayed the people of Brazil who relied on them to identify the true cause and remove it. Instead they are being given useless vaccines, while at the same time the poison that is causing this immense human tragedy is allowed to remain in the environment.

“There are cute little chickees in the others, honest.”

Anyone who still believes that the World Health Organization exists for any purpose other than promoting the goals of the pharmaceutical industry ought to look closely at their handling of this tragedy and their role in allowing it to continue.

“And Tobiah sent letters to put me in fear.” - Nehemiah 6:19

Mass Sterilization

There is a further dimension to all of this, a dimension which has implications for the future health (and survival) of large populations throughout the developing world. Some of the leading spokesmen for the New World Order have referred several times in recent years to the need to control human population growth. Eugenicists of various hues have often advocated a ‘solution’ based on mass sterilization, preferably implemented by covert means, possibly in the guise of a ‘health program’ designed to treat a common illness.

Vaccine testing methodology.

We have already had a sinister foretaste of how this will work. In 2014 a medical practitioner in Kenya suspected that a tetanus vaccine administered to young girls under a program sponsored by the UN might be causing sterility. He sent six samples to a lab in South Africa to be analyzed. All six contained Human Chorionic Gonadotropin (HCG) which is known to cause miscarriages.

In March 2018, former Kenyan president, Raila Odinga, made a televised public statement in which he confirmed that the tetanus vaccine given to about half a million women in 2014-2015 did indeed contain the sterilization hormone, HCG.

Appendix B (attached) gives two news reports, both available online, relating to this event. It also includes an excerpt from an article in Wikipedia which categorically rejected the allegations without discussing the evidence.

A report on *ageofautism.com* dated October 2017 included the following remarks regarding the use of hCG by the World 'Health' Organization:

> In 1993, WHO announced a "birth-control vaccine" for "family planning". Published research shows that by 1976 WHO researchers had conjugated tetanus toxoid (TT) with human chorionic gonadotropin (hCG) producing a "birth-control" vaccine. Conjugating TT with hCG causes pregnancy hormones to be attacked by the immune system. Expected results are abortions in females already pregnant and/or infertility in recipients not yet impregnated. Repeated inoculations prolong infertility. Currently WHO researchers are working on more potent anti-fertility vaccines using recombinant DNA. WHO publications show a long-range purpose to reduce population growth in unstable "less developed countries".

Summary

The information given in this paper, all of which can be verified online or in other published sources, allows us to draw the following conclusions:

1. The pharmaceutical industry is driven entirely by profit. It is no more committed to the promotion of public health than any other industry.

2. Its products are sold on the basis that they promote good health, but most of the evidence that purports to prove this is produced by the industry itself or by bodies with close ties to the industry.

3. If its products do promote public health – and they may – we have no independent, objective way of confirming that this is actually the case.

4. If any of its products cause harm to public health, the system currently in place (which includes the FDA and the CDC) to detect the incidence of harm and alert the public is seriously defective.

5. The industry routinely relies for product approval on a scientific methodology which is known to be heavily biased toward outcomes that favor the industry.

6. While paying compensation, the industry routinely uses legal means to silence those who were harmed by its defective products.

7. The industry is not legally liable to pay compensation to anyone harmed by its products. No other industry enjoys this extraordinary immunity.

8. The industry routinely devotes a large proportion of its expenditure on advertising and securing the acceptance of its products by medical professionals.

9. The industry, it would appear, has never conducted a double-blind randomized trial of any childhood vaccine.

10. The industry, it would appear, has never conducted an in-depth study of the long-term health implications of any childhood vaccine.

11. Executives across the industry would appear to be immune to criminal prosecution or any judicial verdict that might result in a prison sentence.

12. The industry is able to block reports in the media, including those based on sound scientific data or research, that might reduce public confidence in its products.

13. The industry exploits its close ties with national health authorities to enforce policies and regulations that limit or preclude possible alternative approaches to the prevention and treatment of childhood diseases.

14. The industry uses the United Nations and allied bodies, such as the World Health Organization and Unicef, to promote policies which maximize the uptake of childhood vaccines and discredit research findings that might challenge its dominant role in health policy formation, both nationally and internationally.

15. There is a substantial body of evidence that childhood vaccines may be harming, even killing, many recipients and that their reputed benefits are greatly exaggerated.

16. There is ample evidence that the industry uses fear tactics and exaggerated levels of risk in order to intimidate the public and coerce concerned parents into having their children vaccinated.

We also know, based on the way the industry has behaved over the past fifty years, that it is pushing hard behind the scenes for the introduction of mandatory vaccination programs. Such a step would be unconscionable, enabling vested interests unlimited scope to exploit public health for profit and, if they so wish, to utilize pharmaceutical products as a tool of social engineering.

In the hands of unscrupulous leaders, such powers could be used to support a totalitarian regime by covertly controlling and impairing the physical and mental well-being of the general population. Vaccines are an ideal way of transmitting psychotropic substances or implanting micro devices. And, as we have already seen, their power to genocidally erase an entire nation through stealth sterilization is without equal.

What are we recommending?

What are we 'recommending'?

Study God's Word, study what these people are doing, and use your common sense.

The Book of Revelation contains astounding insights into the minds of those who are planning to create a New World Order and usher in the Antichrist. The sorceries or *pharmakeia* of those who want to control this world will become more pervasive and more destructive as we move closer to the End Time. The conspiracy may seem formidable at times, but we should not be deterred. Fear has no abiding place in the lives and hearts of those who are truly born again and trust in Christ. The rightful heir to the throne of David will return in due course and utterly destroy the conspirators and their wicked system:

"Say ye not, A confederacy, to all them to whom this people shall say, A confederacy; neither fear ye their fear, nor be afraid."
– Isaiah 8:12

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Jeremy James
Ireland
November 07, 2018

- SPECIAL REQUEST -

Regular readers are encouraged to download the papers on this website for safekeeping and future reference. They may not always be available. We are rapidly moving into an era where material of this kind may be obtained only via email. Readers who wish to be included on a future mailing list are welcome to contact me at **jeremypauljames@gmail.com**. A name is not required, just an email address.

For further information visit www.zephaniah.eu

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APPENDIX A

Extracts from:

World Manual on Surveillance on Adverse Events Following Immunization, World Health Organization 2014 (Revised March 2016)

Note: These extracts relate to the definition of "causality" used by the WHO when applied to vaccine safety and the identification of adverse events.

From para 3.4

> For instance, incidence of sudden infant death syndrome (SIDS or "cot death") peaks around the age of early childhood immunization. Consequently, many SIDS cases will occur in children who have recently been immunized. However, several well designed studies[15] have shown that the association of SIDS and immunization is coincidental and not causal.
>
> Coincidental adverse events may be predictable. The number of events to be expected depends upon the size of the population and the incidence of disease or death in the community. Knowledge of these background rates of disease and deaths, particularly age-specific disease incidence rates, allows estimation of the expected numbers of coincidental events...
>
> If the same or similar events affect others in the same age group around the same time but those others did not receive the suspect vaccine(s), then a coincidental event is more likely. There may also be evidence showing that the event is not related to immunization.
>
> With increasing awareness of AEFI surveillance, even health staff may report more coincidental events. Also, with the introduction of a new vaccine, there is a tendency to report any AEFI, including coincidental events. It is crucial to differentiate these reported coincidental events from potential signals.

From Table 21

The main objective is to present the evidence showing that there is no indication that the AEFI is a vaccine-related reaction or immunization-error related and, that the most likely explanation is a temporal association between the event and vaccine/vaccination. This communication can be challenging when there is widespread belief that the event was caused by immunization.

Sometimes, it may be useful to enlist further expert investigation to ensure that the event was truly coincidental. The potential for coincidental events to harm the immunization programme through false attribution is immense.

APPENDIX B

Extracts from online new reports of UN stealth sterilization in Kenya using tetanus and polio vaccines

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LifeSiteNews

'A mass sterilization exercise': Kenyan doctors find anti-fertility agent in UN tetanus vaccine

Steve Weatherbe
November 6, 2014

According to a statement released Tuesday by the Kenya Catholic Doctors Association, the organization has found an antigen that causes miscarriages in a vaccine being administered to 2.3 million girls and women by the World Health Organization and UNICEF. Priests throughout Kenya reportedly are advising their congregations to refuse the vaccine.

"We sent six samples from around Kenya to laboratories in South Africa. They tested positive for the HCG antigen," Dr. Muhame Ngare of the Mercy Medical Centre in Nairobi told LifeSiteNews. "They were all laced with HCG."

Dr. Ngare, spokesman for the Kenya Catholic Doctors Association, stated in a bulletin released November 4, "This proved right our worst fears; that this WHO campaign is not about eradicating neonatal tetanus but a well-coordinated forceful population control mass sterilization exercise using a proven fertility regulating vaccine. This evidence was presented to the Ministry of Health before the third round of immunization but was ignored."

...Responds Dr. Ngare [to government denials]: "Either we are lying or the government is lying. But ask yourself, 'What reason do the Catholic doctors have for lying?'" Dr. Ngare added: "The Catholic Church has been here in Kenya providing health care and vaccinating for 100 years for longer than Kenya has existed as a country."

Dr. Ngare told LifeSiteNews that several things alerted doctors in the Church's far-flung medical system of 54 hospitals, 83 health centres, and 17 medical and nursing schools to the possibility the anti-tetanus campaign was secretly an anti-fertility campaign.

Why, they ask does it involve an unprecedented five shots (or "jabs" as they are known, in Kenya) over more than two years and why is it applied only to women of child-bearing years, and why is it not being conducted without the usual fanfare of government publicity?

"Usually we give a series three shots over two to three years, we give it anyone who comes into the clinic with an open wound, men, women or children." said Dr. Ngare. "If this is intended to inoculate children in the womb, why give it to girls starting at 15 years? You cannot get married till you are 18. The usual way to vaccinate children is to wait till they are six weeks old."

But it is the five-vaccination regime that is most alarming. "The only time tetanus vaccine has been given in five doses is when it is used as a carrier in fertility regulating vaccines laced with the pregnancy hormone, Human Chorionic Gonadotropin (HCG) developed by WHO in 1992."

It is HCG that has been found in all six samples sent to the University of Nairobi medical laboratory and another in South Africa. The bishops and doctors warn that injecting women with HCG , which mimics a natural hormone produced by pregnant women, causes them to develop antibodies against it. When they do get pregnant, and produce their own version of HCG, it triggers the production of antibodies that cause a miscarriage.

...Ngare said WHO tried to bring the same anti-fertility program into Kenya in the 1990s. "We alerted the government and it stopped the vaccination. But this time they haven't done so."

Ngare also contrasted the secrecy of this campaign with the usual fanfare accompanying national vaccination efforts. "They usually bring all the stakeholders together three months before the campaign, like they did with polio a little while ago. And they use staff in all the centres to give out the vaccine." But with this anti-tetanus campaign, "only a few operatives from the government are allowed to give it out. They come with a police escort. They take it away with them when they are finished. Why not leave it with the local medical staff to administer?"

...LifeSiteNews has obtained a UN report on an August 1992 meeting at its world headquarters in Geneva of 10 scientists from "Australia, Europe, India and the USA" and 10 "women's health advocates" from around the world, to discuss the use of "fertility regulating vaccines." It describes the "Human Chorionic Gonadotropin vaccine" as the most advanced.

One million Kenyan women and girls have been vaccinated so far with another 1.3 million to go. The vaccination is targeting women, according to the government, in order to inoculate their children in the womb against tetanus as well. The government says 550 children die of tetanus yearly.

SOURCE: https://www.lifesitenews.com/news/a-mass-sterilization-exercise-kenyan-doctors-find-anti-fertility-agent-in-u

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18 March 2018

Sterilization Vaccines Found in Kenya

Recently, former Kenyan president, Raila Odinga, made a public televised statement regarding a tetanus vaccine given between 2014 – 2015 to approximately 500,000 women that was confirmed to contain a sterilization hormone:

"Today, we can confirm to the country that the Catholic Church was right. Hundreds of thousands of our girls and women, aged between 14 and 49, from the fastest growing populations in the country will not have children, because of the state-sponsored sterilization that was sold to the country as tetanus vaccination," he declared.

This story first broke several years ago thanks to the work by research journalist, Christina England, who was contacted by the Catholic Health Commissions in Kenya where she was told by a Dr. Ngare that they suspected the tetanus vaccine was causing infertility. After lots of denial by the vaccine manufacturers, it has now been proven that the vaccine in question did indeed contain the hormone HCG. Dr. Ngare and his team had 6 tetanus vaccines sent to the laboratory and they were found to all contain an HCG antigen.

What is sinister about this issue is that this particular vaccine was only given to females between the ages of 14 – 49. The ideal age range for getting pregnant...

Also in Kenya, another vaccine, this time for polio, was found to have sterilization agents in it as well. It was meant to be given to children under the age of 5. Two of the six polio vaccines that were sent to the lab for testing, contained estradiol, a female sex hormone, and giving estradiol to men can make them infertile.

SOURCE:

https://www.collective-evolution.com/2018/03/18/ex-prime-minister-exposes-tetanus-vaccine-in-kenya-as-a-targeted-mass-sterilization-program/

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Wikipedia rejection of allegations

[from its entry on Human chorionic gonadotropin]

In order to induce a stronger immune response, some versions of human chorionic gonadotropin-based anti-fertility vaccines were designed as conjugates of the β subunit of HCG covalently linked to tetanus toxoid. It has been alleged that a non-conjugated tetanus vaccine used in developing countries is laced with a human chorionic gonadotropin based anti-fertility drug and is distributed as a means of mass sterilization. This charge has been vigorously denied by the World Health Organization (WHO) and UNICEF. Others have argued that a hCG laced vaccine could not be used for sterilization since the effects of the anti-fertility vaccines are reversible (requiring booster doses to maintain immunity) and a non-conjugated vaccine is likely to be ineffective. Finally, independent testing of the tetanus vaccine by Kenya's health authorities has revealed no traces of the human chorionic gonadotropin hormone.