

To vaccinate or not to vaccinate? or Well, think about it, an injection! Vaccination Myths

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Foreword

In recent years, more and more we hear in the media that vaccines are safe and effective. This leads to a widespread cognitive bias called the “cascade of available information”. The more often a repetition of a statement in society occurs, the stronger the collective faith in it becomes. Other voices that cast doubt on this claim and provide information that contradicts it are not covered and are drowned. Social networks are also increasingly blocking accounts and hashtags that provide information that makes it doubtful that vaccination is an absolute boon. The same thing happens in the scientific community. Scientists doing research that prove vaccines are unsafe, lose their funding, and are ostracized.

In this book you will find information about scientific research that the media and health authorities are silent about. Only scientific facts about vaccination are given here, with almost no comment by the author.

The book is intended primarily for parents who want to figure out on their own whether or not to vaccinate their children or to vaccinate themselves. Medical professionals who want to broaden their horizons in this topic will also find it useful.

Introduction

Vaccination is the main cause of coincidence.

Brett Wilcox

Once upon a time, when I was a young man who loved to read newspapers, a long article about two lesbians was published in a Friday issue. For years ago, I don't remember exactly what they were talking about, but it seems like something about the fact that they are not allowed to legitimize the relationship.

Among other things, the article wrote that the son of one of them developed autism due to vaccination. This was reported in one line, after which they continued to discuss lesbian affairs. I was so struck by both this line and the fact that they are discussing such nonsense, instead of discussing the main thing - that the child developed autism, and even as a result of vaccination, that I then kept this article for a long time as a reminder that vaccination is necessary with the topic sort it out thoroughly somehow.

Over the past three years I have spent thousands of hours researching the topic of vaccinations. I have completely read more than two thousand scientific studies and now I can declare with full responsibility that if you have not deliberately dealt with this topic, then almost everything that you know about vaccinations is a lie. From the beginning to the end.

Almost everything that is written on this subject in the media is propaganda, fake news, and all this has nothing to do with science or reality.

I do not want to engage in reverse propaganda, since this is a very thankless task. But, firstly, I just cannot write about it, since it is about life and death, and secondly, perhaps my excessive investment of time in researching the topic of vaccinations can help other parents make the right decision. If you are absolutely sure that vaccinations are important, safe and effective, and want to remain unconvinced, this book is not for you. Even having a little understanding of the topic, you can no longer maintain this confidence.

Recently, I talked with a relative who said that when he had his first child, he devoted quite a lot of time to choosing a stroller, crib, car seat for a car, etc. But he did not spend a minute to figure out which vaccinations are worth or not worth doing. Almost all parents delegate the right to this decision to others. They believe that other people - scientists, doctors or nurses - have already dealt with this topic and made the best decision.

Parents make a huge number of decisions regarding their children. What to eat during pregnancy, where to give birth, how and what to feed a baby, whether to give him a pacifier, etc., etc. Parents make hundreds of decisions related to all aspects of a child's life in order to raise a healthy and happy baby. But I am absolutely convinced that the most important parental decision is the decision to vaccinate or not to vaccinate a child. And this is the most important decision almost all parents delegate to someone. After all, the most important thing for any parent is the health of the child. And there is practically nothing else that would affect his health more than the decision to or not to be vaccinated.

Some parents with whom I talked are so sure of the importance of vaccinations that, even knowing that some people consider vaccinations to be unsafe, they not only do not want to understand this, but aggressively defend their point of view without reading a single scientific article. They do not want to hear a word that some vaccines may not be very effective or even not very safe, and this has been proven by many scientific studies. You can calmly discuss any other topic with them, but as soon as it comes to vaccinations, they seem to be replaced. They do not want to listen to any arguments and almost shout about how important it is to vaccinate children and what a blessing it is for humanity that medicine has given us vaccinations.

At first, I could not understand this at all. How can it be that these very smart and educated people become so fanatical and inadequate as soon as it comes to this purely scientific topic. And then I seem to understand. They all have already instilled their children, and, like most parents, relieved

themselves of responsibility for this decision and delegated it to others. Subconsciously, they feel that if vaccinations are not completely harmless, it turns out that they endangered the health and, possibly, even the lives of their children. It is difficult to realize this.

It is much easier to live, thinking that the baby has already been born that way. With allergies, with developmental delays, with persistent otitis media, with some kind of autoimmune disease or even with a bunch of diseases.

It is very difficult to live with the knowledge that you presented this disease to him yourself. By delegating authority and taking responsibility for this decision, zealously defending vaccinations, not even knowing anything about them, these parents protect themselves from powerful cognitive dissonance. Therefore, if you have already completely vaccinated your children, you are not going to do new vaccinations, and you are still far from grandchildren, probably you should not be interested in this topic. Although, on the other hand, some of the consequences of vaccinations can be cured, if you realize that they are acquired, and not congenital.

The topic of vaccinations is very extensive. It is impossible to figure it out in a few hours and even in a few days. During the time that I devoted to the topic of vaccinations, I could learn a couple of foreign languages or learn to masterfully play the guitar. However, looking back, I can say that the topic of vaccination is the most important topic that I have been interested in in life so far. The conclusions that follow from it go far beyond the topic of vaccination and even beyond medicine. Vaccine research has changed my worldview like nothing else.

Many parents believe that, in principle, they will not be able to deal with vaccinations, and put forward two arguments. The first argument: "To deepen on this topic, a biological or medical education is needed."

This is not true. Vaccinations are not the highest mathematics, and any sane person is able to understand them. I do not even have a close biomedical education, although my wife is a doctor, which, of course, helped me a lot to deal with this topic. There are many biological concepts and terms that it is advisable to understand, and when there is someone who can immediately explain them, it saves a lot of time. Wikipedia, on the other hand, also explains this pretty well. In principle, an understanding of all these biological processes is completely optional in order to find out whether vaccinations are safe or not.

My wife also helped me develop a much more important skill - the ability to critically read medical research. It turned out that reading medical research is very different from reading research in the exact sciences, which I already knew how to read.

There are many ways to design studies, select a control group and a placebo, and play with data so that you can prove anything.

Second argument: "No one can understand this topic better than scientists from the FDA (US Food and Drug Administration) or CDC (US Centers for Disease Control and Prevention). And if these scientists claim that vaccines are completely safe and effective, then any other opinion is, by definition, the opinion of an incompetent person."

Firstly, it is an "appeal to authority", that is, a logical mistake in itself. Secondly, the question that faces scientists from the CDC is very different from the question that parents face. CDC may answer the

question: "How to reduce the number of infectious diseases of the population with minimal risk, minimum cost and maximum efficiency." The question that parents face is "how to raise the most healthy child." These are completely different questions, and the answers to them, respectively, may turn out to be completely different. Thirdly, CDC representatives do not risk their own skin.

The health of your children only interests you. It interests neither doctors, nor nurses, nor, especially, pharmaceutical companies or scientists from the CDC. If something happens to your child due to vaccination, none of them will be held responsible.

The subject of vaccinations is unusually emotional. For some reason, it's very difficult for many people to rationally research this topic and even read something on this topic. But in order to understand it, it is necessary to leave emotions aside. It must be admitted that, perhaps, the arguments against vaccinations (or some part of them) are true, and soberly evaluate the arguments for and against.

It is wrong to ask yourself whether vaccines are good in general or not. Some "experts" are beginning to argue that smallpox or yellow fever vaccines saved millions of lives. Even if this is so, it is absolutely not important. Parents do not need to decide whether to be vaccinated against smallpox or yellow fever. They need to make decisions about completely different vaccinations.

Each vaccination is unique. The safety and effectiveness of each of them is completely different. There are vaccinations that are quite effective, there are almost useless ones, and there are those whose effectiveness is negative. There are safer vaccinations, but there are those that God forbid. Each vaccination must be dealt with separately. Biologically, they work in very different ways, and this is important. The measles vaccine is very different from the pertussis vaccine, and both are very different from the pneumococcus vaccine.

In most developed countries they are vaccinated against the same diseases, but the number of vaccinations and the vaccination schedule in different countries are very different. The calendar of most countries usually includes part or all of the following 17 vaccinations: hepatitis B, diphtheria, tetanus, pertussis, polio, hemophilus influenza B, measles, mumps, rubella, chickenpox, hepatitis A, rotavirus, pneumococcus, papilloma and influenza, tuberculosis and meningococcus. A separate decision should be made for each vaccine. All these diseases are different, there are more dangerous and less dangerous. All vaccinations are also different. There is also a big difference between vaccinations of different manufacturers, their effectiveness and side effects. There is a difference between vaccinations from the same disease in different countries. For example, ethyl mercury, a vaccine preservative, which for 25 years has not been used in childhood vaccinations in Western countries, is still used in Russia.

In addition to vaccinations, it is also necessary to deal with the diseases from which they protect. You need to understand whether childhood diseases are really as dangerous as they are painted. You need to figure out how long the vaccine gives immunity and how many years the transferred disease gives it. You need to find out if the disease is only harmful or, perhaps, the disease has also advantages.

The decision to do or not to do each vaccine should not be emotional, but purely mathematical. If the probability of meeting the disease and getting complications from it is higher than the likelihood of complications from vaccination, then it is worth vaccinating. And if lower, then it's not worth it. This simplification, of course, because complications can be more or less severe.

It should be remembered that in addition to the active substance, vaccinations contain many additives. Adjuvants, preservatives and stabilizers, antibiotics, fragments of cell cultures, fragments of human and animal DNA and many others. You need to make sure that the concentration of all these ingredients is safe enough to work in a healthy newborn baby.

Surprisingly, even those people who read the drug inserts do not read the vaccine inserts and are generally not interested in their side effects, despite the fact that they give these vaccinations to their healthy newborn children. Moreover, unlike drugs that are taken orally and are filtered by the liver and intestines, all components of the intramuscular vaccines completely enter the circulatory, lymphatic or nervous systems.

There are thousands of studies published in peer-reviewed journals that prove both the insecurity and inefficiency of vaccines. But maybe antivirals are doing selective quoting? Do they base their decision on a thousand studies on the dangers of vaccines and ignore a thousand other studies proving their safety? Maybe. Therefore, it is also necessary to read studies that prove that vaccinations are safe, to make sure that in fact they usually do not prove this, and to figure out who actually does selective quoting.

It is very important to read these studies in full, and not just annotations, since too often their data speak about one thing, and the conclusions about something completely opposite. It often happens that a placebo is not used as a placebo, but some kind of neurotoxin or other vaccine. It happens that data is played so that it ceases to be statistically significant. It happens that the observation period is only a few days, and conclusions are made regarding the chronic consequences.

Paradoxically, studies attempting to prove the safety of vaccines prove their insecurity even more than studies confirming their harm.

The opportunity to independently deal with the topic of vaccinations appeared only a few years ago thanks to a Kazakh student Alexandra Elbakyan, who founded the Sci-Hub website in 2011. Before that, almost all scientific research was inaccessible to the masses, and for reading most of the articles it was necessary to pay several tens of dollars. Science was hidden from the uninitiated by seven seals. Now, thanks to its website, there is an opportunity to find any research for free in a few seconds and see with your own eyes how some scientists distort the facts and design studies that will give them a profitable result. Alexandra Elbakyan certainly has done more to popularize science than all scientists and journalists combined.

To prove vaccines are safe and effective, all you need to do is do a randomized, placebo-controlled trial. Part of the children should be vaccinated with all vaccinations, while the other part should not be vaccinated at all. Such studies do not exist, since not vaccinating children is considered unethical at the moment. Therefore, almost all existing studies are observational studies, descriptions of clinical cases, hypotheses, expert opinions, animal studies, etc. There are no studies that check the entire vaccination calendar. Yes, that the whole calendar is there, there are not even adequate studies that check the safety of at least one vaccine! Therefore, when they say "vaccinations are safe and effective," this is an a priori unproven statement. Until such a randomized trial is carried out, the decision to vaccinate or not to vaccinate is, in fact, a choice in the face of uncertainty.

Serious side effects from vaccinations are believed to be extremely rare. One in 100 thousand or even one in a million.

It's a lie. Since no one has conducted adequate vaccination studies, it is difficult to assess the real number of side effects, but even with the most optimistic estimates, serious consequences are more likely than one of the 50 (see chapter "Safety"). According to a study published in 2011, half (!) Of children in the United States have at least one chronic disease, and their number is constantly growing {1, 2}. Of course, not all diseases are associated with vaccinations, but who knows how much is nevertheless connected if no one examines this?

Personally, I assume that almost everyone has the consequences of vaccinations. It's just that for the majority they are implicit and delayed in time. But, even if they are obvious, few people associate them with vaccination. For example, it is known that brain damage is one of the rare but possible consequences of vaccination. But how many children will have little brain damage, and as a result, they will lose only 10 IQ points or get small problems with memory, concentration, or social interaction? Could it be that the decline in the Flynn effect (a gradual decrease after 2000 of the average intelligence coefficient, which gradually increased over the course of the 20th century) is a consequence of a sharp increase in the number of vaccinations over the past couple of decades? No one has tested this. But this is a completely logical assumption.

If you take a newborn child who has not yet fully formed the blood-brain barrier (the physiological barrier between the circulatory and central nervous systems) and inject him with a vaccine containing mercury or aluminum, which are neurotoxins, some of which will certainly enter the brain, is it not logical to expect , what kind of effect will each child have? And if you repeat this procedure several dozen times during the first years of life, is it not logical to assume that this will further enhance the effect?

When you familiarize yourself with even a small part of the scientific studies presented in this book, you will not have a shadow of doubt that vaccinations are several orders of magnitude more dangerous than diseases from which they supposedly protect, that the decision not to vaccinate children is much more scientifically sound than the decision to vaccinate, and that vaccination in its present form is one of the most terrible medical inventions. Having thoroughly understood the topic, you will never voluntarily give your child a single vaccination.

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Chapter 1

Anti-vaccination

A minority may be right; a majority is always wrong.

Henryk Ibsen

Scientists usually receive very few grants to study the safety of vaccines and vaccine components. However, there is more than enough money to research the reasons why people are not vaccinated, and to devise ways to make them stab their children.

Therefore, there are many studies that characterize parents of anti-vaccination.

There is an opinion that antivirals are usually uneducated, religious and anti-scientific people. However, scientific evidence suggests otherwise. Most antivirals are well educated and wealthy. In some private Los Angeles schools, less than 20% of children are immunized {1}. How can it be that these rich and educated people do not vaccinate their children? Do they not know that vaccinations are completely safe and that they save from terrible diseases? Or maybe they know something about vaccines that others do not know? This is what research has revealed.

According to a CDC study, unvaccinated children in the United States are mostly white. Their mothers, older than 30, are married, have an academic degree, and their families earn more than \$ 75,000 a year {2}. The lower the educational level of the mother and the poorer she is, the higher the chance that she will fully vaccinate her children {3}. Parents who do not vaccinate their children in the United States appreciate scientific knowledge, know where to look and how to analyze vaccine information, and at the same time do not really trust medicine {5}.

In the Netherlands, parents with higher education are 3 times more likely to refuse vaccinations. Medical workers are 4 times more likely to refuse vaccinations, and atheists are 2.6 times more likely {4}.

The number of non-medically refused vaccines in California increased 4 times between 2001 and 2014. Private schools had 2 times more refuseniks than public schools. The percentage of refuseniks was higher among whites, richer and more educated {6}. In other states, the same thing is observed - the percentage of those who refuse vaccinations in private schools is much higher than in state {7}.

In Israel, mothers with academic education are 2 times more likely to refuse vaccinations. Jews are 4 times more likely than Muslims to refuse vaccinations. The older the mother, the more often they don't vaccinate their children {8}. In the UK, non-vaccine mothers are older and more educated than vaccine mothers {9}.

In Canada, more educated parents were more likely to refuse vaccination against human papillomavirus (HPV) for their daughters {10}. According to a systematic review of 28 studies, the higher the educational level of parents, the more often they refused an HPV vaccine {11}.

The higher the level of education, age, and income, the more often British parents refused the CCP vaccine (measles-mumps-rubella) and opted for a non-combined measles vaccine {12}. In California,

parents with higher education were less likely to allow their daughters to be vaccinated against HPV {13}. In Colorado, more educated and higher-income mothers are more likely to refuse to vaccinate their newborn baby against hepatitis B {14}.

In a 2016 survey in 67 countries, it turned out that residents of European countries, as well as countries where education and medicine are the best, most doubt the safety of vaccines {15}.

After Australia passed legislation requiring parents to vaccinate their children to receive child benefits, parents living in wealthy areas of Melbourne began to vaccinate even less. More educated parents, many with a scientific background, doubt safety and the need for vaccinations.

Only 20% of those parents who did not vaccinate before the adoption of this law began to vaccinate because of it {16, 17}. 10% of Australian parents believe that vaccines are associated with autism.

Most of these studies come to the same conclusions. Parents who do not vaccinate their children are older, more educated, and more affluent {18, 19}.

Unlike how they are usually presented in the media, anti-vaccines are far from idiots.

I will also cite in this chapter the results of several other important studies for which taxpayer money was found.

According to a 2017 American study, if a doctor says: "Today we will get a flu shot," 72% of parents agree. And if the doctor asks: "Will we get a flu shot today?" - only 17% agree. If the doctor recommends getting a flu shot along with some other shot, 83% of parents agree. And if the doctor separately offers a flu shot, then only 33% agree to do it. Doctors note {20}.

The authors of another study analyzed vaccination-related information on resources such as YouTube, Google, Wikipedia, and PubMed, and concluded that the more freedom of speech on a resource, the more often vaccination is associated with autism. Most freedom of speech on YouTube, in Google it is less, and in Wikipedia and PubMed it is very little. This leads to the fact that on YouTube 75% of videos associate vaccinations with autism, in Google - 41% of links, on Wikipedia - 14% of articles, and in PubMed 17% of articles associate vaccinations with autism. But the worst part is, the authors of the study note, that anti-vaccination activists use scientific arguments, doctors, famous people and personal stories to inspire confidence! The problem is, they write, that YouTube, unlike Google, does not give priority to scientific authorities in the search for videos. Doctors participated in 36% of the anti-vaccination rollers and only 28% of the anti-vaccination rollers. The authors of the study propose to moderate the Internet, and also urge medical institutions to be more active there {21}.

The authors of a study published in 2016 analyzed comments on the post of Mark Zuckerberg on Facebook, in which he wrote about vaccinations for his daughter. They concluded that vaccine-based comments are better structured logically and tend to express ideas related to health, biology, research, and science, while vaccine-based comments have more emotion and fear {22}.

According to a 2002 study, 43% of vaccine-related search queries returned anti-vaccination sites in the top ten. In Google, 100% of the top ten sites were anti-vaccination. More than half of the sites cited doctors who spoke out against vaccination. 75% quoted scientific sources. The authors concluded that there is a high probability that parents will stumble on the Internet for anti-vaccination materials {23}. (For 2019, the situation is already reversed. Google, as well as Facebook and other social networks practically do not give out anti-vaccination sites and groups in the search results.)

A 2014 study found that when parents are told how a child nearly died of measles, it only strengthens their belief that the CCP vaccine leads to serious side effects. When parents are shown photographs of children with measles, it only strengthens their belief that vaccines lead to autism. When the horrors of illness are described to parents, this does not affect their intention not to vaccinate their children. When parents are told that the CCP is not associated with autism, they agree, but their intention to vaccinate their children only diminishes {24}.

When people are told that a flu vaccine cannot lead to the flu, they believe it, but their intention to get vaccinated only diminishes {25}. When parents are told that whooping cough is more dangerous than vaccinating against it, they believe it, but their intention to vaccinate their children only diminishes {26}.

The authors of a study published in 2017 found that parents who know someone whose child has suffered from vaccination are less likely to vaccinate their children and are more likely to postpone vaccination at a later time {27}.

A British study found that many parents doubt the advice of doctors because they know that doctors need to achieve a certain vaccination coverage and have a financial interest in vaccinations {28}.

There are a lot of similar studies characterizing antivirals and analyzing methods of their conviction, and grants are available for all these studies. But for adequate vaccine safety studies, such that they last longer than a few days or weeks, and use an inert placebo - there is no money for that. But you stay there, all the best and good mood!

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Chapter 2

Doctors

Doctors are those who prescribe medications that they know little about to treat diseases that they know even less about in people about whom they know nothing at all.

Voltaire

Argument No. 1: “If there were any problems with vaccinations, if they were unsafe or ineffective, then doctors would know about it. But at present, there is an almost complete medical consensus - vaccinations are safe and effective. After all, doctors over their long years of training probably taught about vaccines much more than you read about them on the Internet. ”

My wife also believed that vaccines were safe and effective. So they were taught. I asked her how many hours during her training had been devoted to vaccinations. It turned out that only a few hours. Of these, for two hours they taught about the vaccination calendar and another two hours was a lecture on the topic “How to respond to the arguments of anti-vaccination”. By the way, after this lecture, almost all students stated that the arguments of the lecturer did not convince them and that the arguments of the anti-vaccination were more convincing. They, of course, did not think that the anti-vaccination programs were right in some way. They decided that the lecturer was simply poorly prepared.

In some countries, doctors have a financial interest in vaccinations. The more vaccines they sell, the higher their premium. In the United States, for example, Blue Cross Blue Shield insurance company pays doctors \$ 400 for each fully vaccinated child. But only if the percentage of vaccinated in practice is above 63 {1}. This is the main reason that pediatricians in the US refuse to treat unvaccinated children {2}. Doctors in India who order many vaccines receive gifts from pharmaceutical companies {3}.

Argument No. 2: “But I spoke with several doctors, and they all claim that vaccines are safe. Moreover, doctors wouldn't have vaccinated their children if they considered vaccination unsafe. ”

Most people mistakenly believe that a doctor can treat as he sees fit. This is far from the case. If, for example, a doctor read several scientific articles and came to the conclusion that a certain disease is better treated in some other way, he has no right to do it. The doctor must follow the approved

treatment protocols, otherwise he will lose his license or be fired. If the doctor advises the patient any unapproved medicine, for example treating whooping cough with vitamin C, and not an antibiotic, and something happens to the patient, then the doctor will go to court. If the doctor prescribes antibiotics (which are not particularly effective in case of pertussis {4}) and something happens to the patient, the doctor will not bear any responsibility. What is the point of advising the doctor to advise the patient something that is not approved by the protocol? Similarly, the doctor, by and large, has no right to advise the patient not to get vaccinated. He can very quickly lose his license (especially in the USA), and even if he does not lose it, his career will not go far.

In Australia, for example, doctors who help their patients refuse vaccinations, or nurses who speak negatively about vaccines on social networks, are prosecuted {5, 6}. In Canada, a chiropractor who spoke out against social vaccinations was ordered to pay a fine of \$ 100,000 {7}. In Spain, a doctor who claimed that vaccines could cause autism lost her license {8}. Nevertheless, there are many doctors who openly oppose vaccinations. Of course, these are usually doctors with their own private practice. Here are some studies.

Although 93% of Israeli doctors know that the Ministry of Health recommends vaccinating pregnant women against flu and whooping cough, only 70% follow these recommendations. A third of doctors are of the opinion that both vaccinations are dangerous or that their safety is precarious. 40% of doctors who believe that these vaccines are dangerous still recommend them to their patients {9}.

In Switzerland, 5% of non-pediatricians do not vaccinate measles-mumps-rubella children. They believe that combination vaccines are unsafe, that it is better to get sick with a disease than to be vaccinated, or that homeopathic treatment has worked well in these diseases. 10% of doctors will postpone DTP vaccination at a later date, 15% will postpone vaccination with CPC. A third of doctors did not vaccinate their children against hepatitis B and hemophilic bacillus. Only 12% were vaccinated against influenza, and only 3% were vaccinated against chickenpox. 34% of pediatricians did not vaccinate their children according to the schedule. The survey involved only subscribers of the vaccination newsletter, that is, doctors who are actively interested in vaccinations. It follows that the real number of doctors who do not vaccinate their children is probably much more than {10}.

In the United States, 21% of specialist pediatricians and 10% of general pediatricians will refuse at least one vaccination for their child. 19% of specialist pediatricians and 5% of general pediatricians will postpone CPC vaccination until they are 1.5 years old. 18% of specialist pediatricians will not be vaccinated against rotavirus, 6% will not be vaccinated against hepatitis A {11}.

A 2008 CDC study found that 11% of doctors in the United States did not recommend that their patients vaccinate children with all vaccines. Family doctors are 2 times more likely than pediatricians to not vaccinate (they earn less on vaccinations). It also turned out that doctors trust medical journals more than the CDC and the FDA, and they trust pharmaceutical companies less than the Internet {12}.

Only 10% of doctors in Italy had a good opinion of all vaccines. 60% of doctors would like to know more about vaccines. Only 25% of doctors gave their patients optional vaccinations {13}.

According to a 2013 French study, 27% of family doctors in France were not vaccinated against hepatitis B, 36% were not vaccinated against whooping cough, 23% were not vaccinated against influenza {14}. 13% of doctors do not consider measles to be a dangerous disease, 12% consider the

second dose of CPC to be useless, and 33% of doctors do not believe that CPC vaccination should be mandatory for children under 2 years of age {15}.

After Israeli nurses were asked to vaccinate against whooping cough for 3 months, only 2% deigned to do so. Moreover, we are talking about nurses working in mother and child centers, that is, those whose main task is to vaccinate children. Most nurses do not trust the health authorities and are desperate for compulsory vaccinations. Nurses fear side effects and believe that the risk of flu and whooping cough is lower than the risk of vaccination. They are sure that parents should have a choice - to vaccinate or not to vaccinate a child, and demand respect for their rights. Nurses share work and personal life. The fact that their job is to instill children is one thing. And whether they themselves are vaccinated or not, it is their personal business, and they do not consider it necessary to inform their parents of their opinions on vaccinations, or whether they themselves are vaccinated. The authors of the study concluded that the nurses who are vaccinated are, in fact, anti-vaccine {16}. This is probably the most important study of all presented here. In almost all other studies, data were collected from surveys of doctors. Doctors are well aware that they should not speak negatively about vaccinations, so it is logical to assume that the real number of doctors who do not vaccinate their children is much higher. The data in this latest study is real; it is not based on surveys, therefore, it is logical to assume that the actual number of doctors who do not vaccinate their children is much higher. The data in this latest study is real; it is not based on surveys, therefore, it is logical to assume that the actual number of doctors who do not vaccinate their children is much higher. The data in this latest study is real; it is not based on surveys. **98% of nurses whose main job is to vaccinate children refuse to vaccinate themselves.**

Flu shots

Since most vaccinations are given in childhood and current doctors usually do not need to be vaccinated, there are practically no studies that analyze how willingly doctors are vaccinated. The only exception is the flu shot, which is recommended every year. How do doctors and nurses respond to flu vaccination campaigns?

According to a 2015 study, healthcare workers in Italy resist flu shots, despite 10 years of efforts to increase vaccination rates. Only 30% of doctors, 11% of nurses, and 9% of clinical staff got the flu shot {17}.

41% of healthcare workers in London refused to be vaccinated against swine flu during the 2009 “pandemic”. They believed that the vaccine was ineffective, there were side effects from it, and in general this infection usually goes away easily. 57% of health workers refused to get the flu vaccine {18}.

In China, only 13% of doctors and 21% of nurses are vaccinated against the flu. 40% of health workers believe that getting a flu shot can lead to a flu infection {19}.

More than half of healthcare workers in Madrid refused to get the flu shot, and only 16% got the swine flu shot during the 2009 pandemic. They doubted the effectiveness of the vaccine and were afraid of side effects {20}.

For more than 20 years, German health workers have been persuading people to get the flu shot, but only 39% of doctors and 17% of nurses get vaccinated. They fear side effects, believe that vaccination

can lead to illness, and do not believe in its effectiveness {21}. According to a 2009 study, in the US, 41% of nurses did not get the flu shot. They were afraid of side effects, they were sure that the risk of infection was low, and did not consider this vaccine effective {22}.

Swiss nurses are skeptical of infectious diseases and the flu vaccine. They report that outbreaks of diseases, which are each time less dangerous than those announced by public health authorities and the media, reduce public confidence in the reliability of expert information sources.

Public trust also reduces the conflict of interest between public organizations and private corporations {23}. The same story is repeated throughout the rest of the world. Doctors and nurses in all countries refuse to be vaccinated against influenza {24, 25}.

According to a 2013 American study, recent medical graduates, less than their older colleagues, believe that vaccines are the safest drugs and that vaccines are getting better and safer. They are more resistant to compulsory vaccination and more likely to believe that vaccination does more harm than good {26}.

No matter how you explain to doctors and nurses that all vaccinations are safe and effective, not everyone believes that. Scientific evidence suggests that medical consensus on the safety and effectiveness of vaccines is a myth.

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Chapter 3

Placebo

Those who are willing to sacrifice vital freedom for the sake of a fraction of temporary security are not worthy of either freedom or security.

Benjamin Franklin

How should vaccine safety be checked? You need to conduct a randomized, double-blind, placebo-controlled study, see what side effects occur in those who received the vaccine, and compare them with side effects in the control group. However, clinical trials are very expensive, they cost tens of millions of dollars. Drug development costs hundreds of millions. But all these are trifles for pharmaceutical companies. The FDA licensed vaccine very quickly enters the vaccination schedule of most countries and brings billions in profits every year. For example, revenue from the sale of one of the latest licensed Gardasil vaccines (from HPV) is more than \$ 3 billion per year {1}.

Pharmaceutical companies want, of course, to reduce the likelihood of unsuccessful clinical trials. But do they have such a legitimate opportunity? It turns out there is, and it is very simple. You just need to use something fairly toxic instead of a real placebo, which leads to the same side effects that the tested vaccine leads to. One of the most toxic components of vaccinations is aluminum (see Chapter 6 for more details), which is used as an adjuvant (an immune response enhancer) in most vaccines. If aluminum is added to a placebo, then the number of side effects in the control group can be increased, and then it will be comparable to the number of side effects in the group receiving the test vaccine. From this it can be concluded that the new vaccine has no more side effects than placebo, and she is perfectly safe. Other toxic substances, such as ethyl mercury, can also be added to placebo, or you can simply use another vaccine as a placebo. Based on these data, the FDA and CDC will also conclude that the vaccine is safe, followed by all other countries. Is it legal? Absolutely.

But in principle, even with the choice of a placebo it is not necessary to suffer. Using a placebo in randomized clinical trials of vaccines is optional. And research is not required to be either randomized or blind. You can just get everyone vaccinated and see what the side effects will be. If most survive, the vaccine is absolutely safe.

A study published in 2010 reports that there are no inert substances and there are no standards for what should be the composition of a placebo. This, of course, affects the results of research. The authors of clinical trials are not required to disclose what the composition of the placebo was, and medical journals do not require this information. The authors analyzed 167 clinical trials published in the four most prestigious medical journals. Most clinical studies have not disclosed the placebo composition. Only studies of 8% of tablets and 26% of injections reported that they were used as a placebo. For example, in a study of a drug for cancer-related anorexia, it turned out that the drug has

a beneficial effect on the digestive tract. However, lactose was used as a placebo. Cancer patients who undergo chemotherapy and radiotherapy, usually suffer from lactose intolerance, therefore, a lactose-free medicine was favorably different from "placebo" {2}.

An article published in 2009 in Vaccine magazine reported that in 1930, two doctors from the German city of Lübeck decided to massively vaccinate children against tuberculosis with BCG vaccine, which, although it had been available since 1921, was not particularly used. In the 12 months of this campaign, 208 children contracted tuberculosis due to vaccination and 77 died. Doctors were arrested and convicted of murder. This led to discussions about the use of people in medical experiments. In 2008, the United States abandoned the Helsinki Declaration (a set of ethical principles regarding research and human experiments). Instead, the GCP standard is used, which does not limit pharmaceutical companies as much as the Helsinki Declaration. The authors write that although an isotonic solution can be used in vaccine research, researchers often choose other drugs. The article provides four examples. In a pneumococcal vaccine study, another vaccine (DTP - Hib) was used as a placebo. In another study of the pneumococcal vaccine, hepatitis A and B vaccines were used as a placebo. In the study of the cholera vaccine, the E. coli vaccine was used as a placebo. In a fourth study, aluminum hydroxide mixed with thiomersal (a mercury preservative) {3} was used as a placebo. In a fourth study, aluminum hydroxide mixed with thiomersal (a mercury preservative) {3} was used as a placebo. In a fourth study, aluminum hydroxide mixed with thiomersal (a mercury preservative) {3} was used as a placebo.

However, unlike clinical trials of drugs, where the placebo composition is often hidden, many vaccine manufacturers do not usually hide the placebo used. To find out, just read the vaccine leaflets. Here are just a few examples.

Daptasel (diphtheria, tetanus and pertussis vaccine). Three other vaccines were used as a placebo - DTP, ADS and the experimental pertussis vaccine. Yes Yes. An experimental vaccine was used as a placebo. Think about it {4}.

Infanrix (another diphtheria, tetanus and pertussis vaccine). Pediarix vaccine was used as a placebo. Moreover, both groups received these vaccines along with vaccinations against hepatitis B, pneumococcus, chickenpox, polio, haemophilus influenzae, measles, mumps and rubella {5}.

Pediarix (vaccine for diphtheria, tetanus, pertussis, hepatitis B and polio). This vaccine was tested with a hemophilic bacillus vaccine. The control group received the Infanrix vaccine, as well as the polio and hemophilic bacillus vaccine {6}.

That is, roughly speaking, in the Infanrix trials, the Pedarix was used as a placebo, and in the Pedarix trials, the Infanrix was used. All of this was flavored with a mixture of several more vaccines to completely eliminate the possibility of distinguishing any side effects from the test vaccine.

The first vaccines for diphtheria, tetanus and whooping cough appeared long before someone began to bother with clinical trials, and even with the use of placebo. Therefore, one can argue that using a placebo to test them, that is, not vaccinating some of the children, is unethical. But even in clinical trials of new vaccines, for new diseases, other vaccines were used as a placebo.

Havriks (hepatitis A vaccine). The clinical study included three groups. The first received Havrix. The second received Havriks + PDA (measles / mumps / rubella vaccine). The third received a CCP + chickenpox vaccine, as well as Havriks after 42 days {7}.

Prevenar (pneumococcal vaccine). An experimental (!) Vaccine against meningococcus C {8} was used as a placebo. In the next version of this vaccine (Prevenar-13), Prevenar {9} was already used as a placebo.

Cervarix (HPV vaccine). Hepatitis A vaccine and aluminum hydroxide {10} were used as a placebo.

Angerix B (hepatitis B vaccine). The control group was not {11}.

Recombivax HB (hepatitis B vaccine). The control group was not {12}.

To license a new vaccine, it is enough for the FDA that it is no more dangerous than some other vaccine, or than an experimental vaccine, or aluminum hydroxide, or any other substance that a pharmaceutical company is not required to divulge.

Clinical studies of vaccines almost never use a real, inert placebo.

So the next time someone claims that vaccines are completely safe, ask them what they are completely safe compared to. Vaccines are completely safe only in comparison with other vaccines or in comparison with very toxic substances.

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