

**Some thoughts on several of the key issues involving vaccines**  
(definition – **antigen**: the bacteria or virus or toxin targeted by the vaccine)  
Dick Atlee, 9 May 2017 – <http://dickatlee.com/vaccines>

1. **The primary societal concern** – a large number of epidemiological, case, and biological studies have demonstrated or suggested a connection (and possible causal relationship) between certain existing vaccines and certain chronic diseases, the most prominent being:
  - a. Neurodevelopmental disabilities – e.g., autism, ADD, ADHD, tics – which, if the current trend were to continue, could affect 1 in 2 kids by 2032
  - b. Food allergies and autoimmune disorders
2. **Polarized discourse and mischaracterizations**
  - a. "**Pro-vaccine vs. anti-vaccine**" – a false dichotomy, encourages extremes
  - b. "**Science is settled**" – science is continual asking of questions
  - c. "**Anti-science**" epithet – much research raises questions about vaccine safety/effectiveness
  - d. "**Vaccines are safe and effective**" – false generalization: vaccines differ widely
  - e. What is needed – a better understanding of the costs/benefits of each vaccine
2. **Safe?**
  - a. A 2011 Supreme Court ruling acknowledged that vaccines are "**essentially unsafe**."
  - b. Over the past 30 years, the federal **Vaccine Injury Compensation "court"** has been awarding injury/death claims in a rising trend – over \$3.5 billion so far, \$250b in 2016 alone – despite dismissing 10,000 of the 15,000 cases.
  - c. Some of the excipients (the non-antigen contents) in vaccines are known toxins, such as formaldehyde.
  - d. Vaccines contain a variety of **contaminants**, including metals and DNA fragments
  - e. Mandatory vaccination means **One-Size-Fits-All**, a biological no-no: people are different sizes and weights, with different nutritional/health/immune statuses and genetic risks
3. **Factors affecting safety**
  - a. **National Childhood Vaccine Injury Act** (1986) immunized manufacturers and dispensers from lawsuits for injury from vaccines on the official vaccine injury table – hence there is
    1. no industry incentive for including safety in the design or manufacturing of those vaccines
    2. no incentive for doctors to learn the details of those vaccines
  - b. **Safety testing** – if at all – is inadequate
    1. **No long-term double-blind studies**, required for other drugs: short-term  $\leq 30$ -day follow-up
    2. **Fake placebos** (not simple saline solution) which hide adverse effects – using
      - a. the vaccine minus the antigen – i.e., the adjuvants and contaminants, which are often the most suspect for causing damage
      - b. a previous version of the vaccine declared safe by the same flawed process
    3. No vaccinated vs. unvaccinated studies
    4. No testing of the **whole schedule** – some toxins (e.g. neurotoxic aluminum and mercury adjuvants) stay in the body and accumulate with each additional dose
    5. No testing of **combination vaccines** versus individual ones – some diseases are synergistic, increasing each other's virulence (e.g., measles and mumps)
    6. **Exclusion** of classes of people who will end up being given the vaccines under mandates – e.g. pregnant women, sick kids, people with genetic risk factors
  - c. **FDA regulations loosened** – now 4 different "short-cuts" ease passage of over 50% of drugs
5. **CDC falsification of research** – two examples of known gross scientific fraud:
  - a. **MMR/autism**: The 2001-4 study found a major autism risk increase (even higher in later data analysis), but fraudulent data manipulation (and destruction) allowed the published report to deny any link, as revealed by whistleblower Dr. William Thompson, the study's main data scientist, as shown in the "*Vaxxed*" documentary
  - b. **Thimerosal (mercury)/autism**: The Verstraeten study in 1999 showed a clear link between thimerosal-containing vaccines and a range of neurodevelopmental disabilities, prompting the "Simpsonwood Meeting" (agencies and industry), which discussed the problem and then decided to cover it up by manipulating the data until the link was effectively diluted; the original data was "lost". This is covered in the "*Trace Amounts*" documentary (YouTube) and in Robert F.

Kennedy Jr.'s book "*Thimerosal: Let the Science Speak*," a 3-year detailed analysis of **all** mercury safety studies.

6. **Motivation for fraud** – protecting the lucrative vaccination program
  - a. **Pharmaceutical industry** – considers vaccines a financial savior
    1. No advertising costs (captive, government-mandated customer base)
    2. No liability (other drugs involved in major lawsuits)
    3. No post-patent competition (manufacturing process too difficult for easy emulation)
  - b. **CDC**
    1. Two incompatible responsibilities: Promotion/Marketing (CDC buys/distributes \$4 billion)
    2. Conflicts of interest – HHS Inspector General (2009): 64% of vaccine advisory committee members had potential conflicts of interest, 97% had omissions in their declaration forms.
    3. Revolving door with industry
6. **Suppression of truth** – vilification/denunciation/dismissal of legitimate scientific questioning
  - a. Pharma **advertising** provides up to 70% of media income in non-election years – twice that of oil/gas; creates explicit and implicit threats related to this: canceled programs, destruction of careers and/or reputations of journalists, researchers and doctors.
  - b. Pharma **lobbying** – 3x more lobbyists than Congress members, more than any other
7. **Effectiveness** – this is relevant to the concern that "stopping unsafe vaccines or shaking public confidence in the vaccination program will create a serious public health problem"
  - a. Vaccine "effectiveness" is measured by **antibody production, not protection from disease** – people with antibodies can get the disease, exposed people without them can stay well.
  - b. Many have **very low effectiveness or create vulnerability to other diseases/strains** – e.g., Flu: Canadian studies have shown as low as 0% effectiveness, others have shown an increased post-vaccine incidence of non-flu respiratory diseases
  - c. Live-antigen-vaccinated people are **temporarily infectious**: shed virus, thus can infect others
  - d. Some people do not respond by developing antibodies, and can thus become carriers.
  - e. **Lifelong natural immunity** is based on continued exposure to the natural antigen; vaccines that succeed in removing this reduce natural immunity in the population, while requiring constant boosters to avoid waning of "effectiveness" against their own strain.
  - f. **"Herd immunity"** is a complex matter, where even a 95-100% vaccination rate can often fail to provide it, shown by epidemics and disease persistence in fully-vaccinated populations.
  - g. Vaccines can promote overconfidence that **reduces use of proven methods** – e.g., many young women using the HPV vaccine are failing to show up for pap smears.
8. **Vaccine necessity – not what we've been told**
  - a. Deaths from most of the childhood diseases had **dropped to near zero** before their vaccines were in general use (per comprehensive US/UK data from 1800's on), due to **improved sanitation, education, and general public health** (<http://dissolvingillusions.com/graphs>)
  - b. Polio
    1. Many causes of "polio" syndrome – non-polio viruses, DDT (omnipresent in 1950's)
    2. Changes in diagnostic definition when vaccine was introduced "eliminated" much of "polio"
9. **The legal/philosophical implications of a mandatory vaccine policy**
  - a. It **denies "informed consent"** to medical procedures required by UN treaty and the Nuremberg and Helsinki protocols – what is the use of other rights if you don't have the right to control what goes into your body?
  - b. It is based on the doctrine of utility: the **end justifies the means**
    1. Is endangering some people to protect others morally defensible, and if so, what is the responsibility of society to the damaged individuals?
    2. What if the cost (real adverse effects that are ignored or denied) outweighs the benefit (a probably unattainable societal herd immunity)?
  - c. Collateral damage: **major societal side effects** beyond direct adverse vaccine effects, e.g.,
    1. denial of the right to a public education (and often private, as well)
    2. removal of kids from competent parents by allegation of "abuse"
    3. banishment of families from pediatric practices
    4. firing of medical personnel from medical establishments.
  - d. Maine is the only New England state to retain "philosophical" exemption (2015 Lepage veto)