



A CRITICAL RISK ASSESSMENT OF VACCINATION IN THE U.S.A.
NATIONAL SECURITY

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CHAPTER 1

THE CRITICAL URGENCY OF THIS SURVEY STUDY MODEL

1.1 - ***A Nation-Destroying Public Health Catastrophe***

Our Nation is in the midst of a catastrophic pandemic of immune-related chronic diseases, disabilities, and disorders.¹ Unprecedented rates of disabling brain and nervous system injuries and disorders, major organ failures, intellectual and behavioral disabilities, arthritis, diabetes, life-threatening allergies, and all other chronic conditions are all sharply rising.^{2 3 4 5 6 7 8 9}

¹ **Historical Overview of National Health Expenditures** - The numbers have continued to rise for every disease and disability. As of 2007, chronic diseases already accounted for the vast majority of health spending in the USA. See e.g., Centers for Medicare and Medicaid Studies.

http://www.cms.hhs.gov/NationalHealthExpendData/02_NationalHealthAccountsHistorical.asp#TopOfPage

² In February 2020 Blue Cross Blue Shield (BCBS) BCBS reported a 200% increase in diagnosed dementia among younger adults during the four-year period from 2013-2017. **Early-Onset Dementia and Alzheimer's Rates Grow for Younger American Adults** - Published February 27, 2020 <https://www.bcbs.com/sites/default/files/file-attachments/health-of-america-report/HOA-Dementia.pdf>

³ **Arthritis is the leading cause of disability among adults** - By new estimates **92.1 million** adults have doctor diagnosed arthritis or symptoms consistent with the diagnosis. This report also found the newer adjusted estimates for 2015 suggest arthritis prevalence in the U.S. has been substantially underestimated, *especially among younger people*, and that, as of 2013, arthritis was the leading cause of disability in *young* adults. (Barbour 2013) In 2013, total medical costs and earning losses due to arthritis were approximately \$304 billion, or 1% of the gross domestic product, and up to one half of all patients with arthritis became unable to work within 10 to 20 years of follow-up after diagnosis. (Agarwal 2016) The report also found that children with arthritis are far more likely to develop additional life-threatening diseases, including kidney, heart, and other organ failure, blindness, and cancers. <https://www.arthritis.org/getmedia/e1256607-fa87-4593-aa8a-8db4f291072a/2019-abtn-final-march-2019.pdf>

⁴ **Epilepsy at An All Time High - More Americans have epilepsy than ever before** - "Millions of Americans are impacted by epilepsy, and unfortunately, this study shows cases are on the rise," said CDC Director Brenda Fitzgerald, M.D. CDC - This 2015 Study that was embargoed until: Thursday, August 10, 2017, 1:00 p.m. ET <https://www.cdc.gov/media/releases/2017/p0810-epilepsy-prevalence.html>

⁵ AAFP "**Study: One in Six U.S. Children Has a Mental Illness**" March 18, 2019 03:05 pm Michael Devitt – A recent analysis (jamanetwork.com) of 2016 National Survey of Children's Health data published online in *JAMA Pediatrics* indicated that as many as one in six U.S. children between the ages of 6 and 17 has a treatable mental health disorder such as depression, anxiety problems or attention deficit/hyperactivity disorder (ADHD)." <https://www.aafp.org/news/health-of-the-public/20190318childmentalillness.html>

⁶ **Projection of Chronic Illness Prevalence and Cost Inflation** – 48.8% of the American population is projected to be suffering from a chronic condition by 2025. 50% of the American population is projected to be suffering chronic illnesses by 2025. Source: Wu, Shin-Yi, and Green, Anthony. **Projection of Chronic Illness Prevalence and Cost Inflation**. RAND Corporation, October 2000. https://www.fightchronicdisease.org/sites/default/files/docs/GrowingCrisisofChronicDiseaseintheUSfactsheet_81009.pdf

⁷ Nearly 18% of children have a developmental disability, a figure that has continued to rise over the past two decades. The overall rate was 17.8% in 2015-'17, up from 16.2% in 2009-'11 and 12.8% in 1997-'99. **"Prevalence and Trends of Developmental Disabilities among Children in the U.S: 2009-2017"** (Zablotsky B, et al. *Pediatrics*. Sept. 26, 2019, <https://doi.org/10.1542/peds.2019-0811> <https://www.ncbi.nlm.nih.gov/pubmed/30322701>

⁸ **Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children** - "Among children aged 3-17 years, 7.1% had current anxiety problems, 7.4% had a current behavioral/conduct problem, and 3.2% had current depression." So, having another disorder is most common in children with depression: about 3 in 4 children aged 3-17 years with depression also have anxiety (73.8%) and almost 1 in 2 have behavior problems (47.2%). Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH, Blumberg SJ.. *The Journal of Pediatrics*, 2018. October 12, 2018 - <https://www.ncbi.nlm.nih.gov/pubmed/30322701>

⁹ "Researchers at the Johns Hopkins Bloomberg School of Public Health contributed to a new U.S. Centers for Disease Control and Prevention (CDC) report that finds the prevalence of autism spectrum disorder (ASD) among 11 surveillance sites as one in 59 among children aged 8 years in 2014 (or 1.7 percent). This marks a 15 percent increase from the most recent report two years ago, and the highest prevalence since the CDC began tracking ASD in 2000." <https://www.sciencedaily.com/releases/2018/04/180426141604.htm> **2020 Community Report on Autism - Autism and Developmental Disabilities Monitoring (ADDM) Network** A Snapshot of Autism Spectrum Disorder among 8-year-old

Cancer rates are skyrocketing, with cancer now being the most common cause of death by disease in American *children*.^{10 11 12} These crippling losses are exacerbated by already-insufficient, and rapidly-declining, intellectually and physically-viable human resources available to sustain our National Security.¹³

1.2 - **Objective Evidence of Causation Must Be Acknowledged**

Without expedient scientific confirmation of the primary cause of this catastrophe, immediately followed by a swift reversal of our current trajectory, our National economy will ultimately collapse under the weight of disabilities, loss of workforce, explosive healthcare costs, plummeting fertility, and a profound loss of intellectual capacity within our remaining population.¹⁴

1.3 - **Objective of this Research**

The object of this Report, evaluation, and the Survey study Model disclosed herein, is to provide background and context to the current threat, and to provide a logical model that will swiftly produce a numerical evaluation of the relevant hard evidence. This effort will definitely determine whether the most obvious cause of this epidemic, actually is the primary culprit, and if so, numerically quantify the extent to which this is so, in order to inform corrective public health policies that must be implemented without further delay to rescue our Nation from this catastrophe.

1.4 - **The More We Spend The Worse it Gets**

It is objectively true that a profoundly diseased population is the very best business model for the Medical/Pharmaceutical industrial complex. No matter how many billions of dollars are siphoned off to "research" these diseases and disabilities, the rates continue to skyrocket. The more money we throw at these problems the *worse* they get. The motives for this industry to continue obfuscating the problem, and never solve it, are obvious. Most related research efforts result only in requests for *more* money and they fail to produce any useful data with which to lead our Nation's people out of this peril.

Children in Multiple Communities across the United States in 2016. Funded by the Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services

¹⁰ In 2018, an estimated 1,735,350 new cases of cancer will be diagnosed in the United States and 609,640 people will die from the disease. The most common cancers (listed in descending order according to estimated new cases in 2018) are breast cancer, lung and bronchus cancer, prostate cancer, colon and rectum cancer, melanoma of the skin, bladder cancer, non-Hodgkin lymphoma, kidney and renal pelvis cancer, endometrial cancer, leukemia, pancreatic cancer, thyroid cancer, and liver cancer. **Cancer Facts & Figures 2018** - American Cancer Society -

<https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2018.html>

¹¹ **American Childhood Cancer Organization** - "Each year in the U.S. there are an estimated 15,780 children between the ages of birth and 19 years of age who are diagnosed with cancer." <https://www.acco.org/us-childhood-cancer-statistics/>

¹² "The link between the immune system and cancer has been widely appreciated for over a century and was first highlighted by Rudolph Virchow over 150 years ago" **The Immune System in Cancer Pathogenesis: Potential Therapeutic Approaches** - J Immunol Res. 2016; 2016: 4273943. Published online 2016 Dec 26. doi: 10.1155/2016/4273943 PMCID: PMC5220497 PMID: 28116316 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5220497/>

¹³ **The Looming National Security Crisis: Young Americans Unable to Serve in the Military** - "The military depends on a constant flow of volunteers every year. According to 2017 Pentagon data, 71 percent of young Americans between 17 and 24 are ineligible to serve in the United States military. Put another way: Over 24 million of the 34 million people of that age group cannot join the armed forces—even if they wanted to." **Military** - The Heritage Foundation February 13, 2018 Authors: Thomas Spoehr and Bridget Handy - <https://www.heritage.org/defense/report/the-looming-national-security-crisis-young-americans-unable-serve-the-military>

¹⁴ **America's declining birth rate is a warning sign for millions of people's finances** – "America's fertility rate is on the decline. There were more than 3.7 million estimated births in 2018, down 2% on the year before, [per] the Centers for Disease Control and Prevention's National Center for Health Statistics. That's the lowest level since the 1980s, despite an improving economy." <https://www.marketwatch.com/story/americas-declining-birth-rate-foreshadows-some-tough-financial-times-ahead-2019-05-15>

Globalism's Ring of Power

"In this age, man has reached new heights and new depths. The heights we achieve in our brightest minds, together with our most loving and faithful hearts. But there are also globalist predators among us who simultaneously reach for new depths, who are hell bent on dragging our Nation down with the United Nations. Today these globalist enemies have their eye set upon the ultimate 'Ring of Power' - the power to directly inject all Americans. Having such power eliminates the need for our enemies to rob us of anything else, i.e., our Nation, our freedoms, dignity, property, arms, speech, religion, privacy, due process, etc. As those who first wrought this power intended, it will ultimately be used for evil, no matter the perceived, or even real, intentions of its bearer at any given moment in time.

"This power is too much to give to any man, or group of men, no matter how well-meaning. Though the power may temporarily capture distant nations, it cannot reign in this Nation of unalienable rights. If we are to save this Republic, this ring of power must now be destroyed for all time, with no remaining scintilla of pretense that such reign over men should ever exist again. For we hold this truth to be self-evident that all men are endowed by their Creator with certain unalienable Rights."

~ Joy Garner

Chapter 2

THE OBVIOUS PRIMARY CULPRIT

2.1 - *The Four Irrefutable Facts*

During the 2019 treasonous coup attempt against our duly-elected POTUS, Congressman Jim Jordan famously demonstrated how, by consistently repeating a few basic facts, one may effectively defeat wholly-false narratives, a constant barrage of outright lies, endless propaganda, obfuscations, misdirection, innuendo, and obscenely-abusive slander. Below, we present four objectively-accurate facts that "do not change" no matter the deflections, propaganda, censorship, or other desperate efforts to conceal these truths.

(1) The USA is currently in the midst of a pandemic of immune-related, progressive, long-term or "chronic" illnesses, disabilities, and deaths, which is so catastrophic, it now poses an imminent threat to our Nation, i.e., an imminent threat to the very survival of our Nation.¹⁵

(2) Vaccination causes permanent alterations to the human immune system. Once triggered, this powerfully-complex system has the universal ability to injure and/or disable virtually any organ, tissue, or other system of the host, and the mechanisms by which vaccine adjuvants alter the human immune system remain "poorly understood" by our top immunologists.^{16 17 18 19 20}

(3) There are no statistically-significant or "authoritatively published" studies which numerically quantify the long-term or cumulative health risks of mass vaccination programs.

(4) 99% of the American population has been exposed to at least some level of vaccination, with our infants, children, and young adults, descending in the order listed, having the highest exposure levels.

¹⁵ See section 1.1 herein, and related references.

¹⁶ ***When the immune system goes on the attack*** - EMBO Rep. 2004 Aug; 5(8): 757–760.
doi: 10.1038/sj.embor.7400217 PMCID: PMC1299128 - PMID: 15289823 Science and Society
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1299128/>

¹⁷ "But the immune system can go awry, mistakenly attacking the joints with uncontrolled inflammation, causing joint erosion and damage to internal organs, eyes and other parts of the body. Arthritis Foundation - 2019 -
<https://www.arthritis.org/getmedia/e1256607-fa87-4593-aa8a-8db4f291072a/2019-abtn-final-march-2019.pdf>

¹⁸ "Despite the known examples of combinations of TLR3 and TLR4 agonists with rAds, the mechanisms of their adjuvant action is not well understood." ***The differences in immunoadjuvant mechanisms of TLR3 and TLR4 agonists on the level of antigen-presenting cells during immunization with recombinant adenovirus vector*** -Biomed Central - Published: 28 July 2018 - *BMC Immunology* volume 19, Article number: 26 (2018) Ekaterina Lebedeva, Alexander Bagaev, Alexey Pichugin, Marina Chulkina, Andrei Lysenko, Irina Tutykhina, Maxim Shmarov, Denis Logunov, Boris Naroditsky, Ravshan Ataullakhanov <https://bmcimmunol.biomedcentral.com/articles/10.1186/s12865-018-0264-x>

¹⁹ "The mechanisms by which aluminum adjuvants selectively enhance the immune response are poorly understood." Aluminum is now the most common adjuvant used in modern vaccines. ***Mechanisms of stimulation of the immune response by aluminum adjuvants***. Vaccine. 2002 May 31;20 Suppl 3:S34-9. HogenEsch H.
<https://www.ncbi.nlm.nih.gov/pubmed/12184362>

²⁰ "The mechanism of action of this adjuvant is poorly understood." - The Journal of Immunology - The American Association of Immunologists - ***The Adjuvants Aluminum Hydroxide and MF59 Induce Monocyte and Granulocyte Chemoattractants and Enhance Monocyte Differentiation toward Dendritic Cells*** - Current as of April 26, 2020 - Anja Seubert, Elisabetta Monaci, Mariagrazia Pizza, Derek T. O'Hagan and Andreas Wack
J Immunol 2008; 180:5402-5412; doi: 10.4049/jimmunol.180.8.5402 <https://www.jimmunol.org/content/180/8/5402>

2.2 - ***The Definition of "Unavoidably Unsafe" is Dangerous***

Vaccines are formally classified as "unavoidably unsafe" by the United States CFR, Restatement of Torts, (Second) 402A (k). The United States Supreme Court has concurred with this classification in *Bruesewitz v. Wyeth LLC*, 562 U.S. 223, 131 S. Ct. 1068 (2011). The correct synonym for "unsafe" is *dangerous*. Increased and repeated exposures to dangerous substances, particularly by direct injection, axiomatically increases risk. This formal legal classification, coupled with the National Childhood Vaccine Injury Act, (NCVIA) protects the manufacturers and distributors from liability for vaccine-induced injuries and deaths. Relying upon those who benefit from the pharmaceutical and medical industry to provide reliable intelligence on the dangers their products and services pose to our National Security, or our Public health, is wholly irrational. We have now reached the point in history where continuing such illogical conduct any longer, may well prove suicidal.

2.3 - ***Propaganda is not Science***

Vaccine inserts disclose the potential for this class of drug to cause a wide variety immune disorders, brain and nervous system injuries, and even death. We are told these outcomes are "rare" but this subjective adjective is not a numerical risk factor, nor is it a scientific term. It is an objectively fraudulent marketing slogan and nothing more. Although other factors are potentially capable of causing many health problems, deductive reasoning requires a specific analysis of the common denominator. Vaccines presently appear to be the most obvious culprit in the now clearly-visible, and widespread destruction of the American population's immune systems. The survey study model disclosed herein is specifically calculated to provide definite and verifiable answers to the most critical public health questions in our Nation's history.

2.4 - **This Survey Study Will Definitively Answer These Imperative Questions:**

(a) Are vaccines substantially contributing to our Nation's catastrophic pandemic of immune-related injuries, disorders, disabilities, and deaths?

(b) If so, to what extent?

(c) Are the modern day risks associated with contracting temporary vaccine-preventable infections outweighed by the risks of permanently-disabling injuries, chronic diseases, and consequent deaths, associated with preventing these infections through vaccination?

2.5 - ***Saturation Levels - URGENT!***

Individual exposure levels vary greatly and are on the rise.²¹ According to the CDC, from 2006 to 2017, at least 3,454,269,356 doses of vaccines were marketed and sold in the United States.²² This represents an average 10 or more exposures per American. At present, our infants and children are the most profitable targets, typically receiving 70 or more injections each before the age of 18, per the CDC & WHO schedules. In recent years, pregnant women, their unborn children, and our elderly population,

²¹ The "Healthy People 2020" agenda has, as one of its primary objectives, full vaccination of all Americans with all "CDC Scheduled" vaccines, and the number of new vaccines expected to be added to the schedules is growing, with at least 200 new vaccines in the pipeline at this time. <https://www.healthypeople.gov/> See: <https://docs.google.com/spreadsheets/d/19otvINcayJURCMg76xWO4KvuyedYbMZDcXqbyJGdcZM/pubhtml>

²² U. S. Health Resources & Services Administration, Data & Statistics. Available at: <https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/monthly-stats-january-2019.pdf>

have also been successfully targeted by the pharmaceutical industry, and are now a rapidly-expanding source of profits.^{23 24 25 26}

²³ ***Improving rates of maternal immunization: Challenges and opportunities*** - Hum Vaccin Immunother. 2016 Apr; 12(4): 857–865. Published online 2015 Nov 9. - doi: 10.1080/21645515.2015.1101524 - PMCID: PMC4962946
PMID: 26552807 - Donna M. MacDougall, and Scott A. Halperin
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4962946/>

²⁴ According to The World Health Organization's May 2019 MI4A report, vaccines cost between .08 and .91 cents per dose to produce. In the USA they cost between \$25 and \$174 per dose. There is perhaps no product in the world with a higher profit margin, and in the USA, there is no risk of liability for injuries and death.
https://www.who.int/immunization/programmes_systems/procurement/mi4a/platform/module2/WHO_BCG_vaccine_global_market_update_May2019.pdf?ua=1

²⁵ ***Increasing Immunizations Among the Elderly: Education Critical*** - Pharmacy Times - 2018-07-09 15:19:00
Jeannette Y. Wick, RPh, MBA, FASCP <https://www.pharmacytimes.com/resource-centers/pneumococcal-disease/increasing-immunizations-among-the-elderly-educating-is-still-critical>

²⁶ ***Strategies for Increasing Adult Vaccination Rates*** - CDC - <https://www.cdc.gov/vaccines/hcp/adults/for-practice/increasing-vacc-rates.html>

Chapter 3

LOGIC, REASON, AND THE SCIENTIFIC METHOD

Answering the Critical Questions With Certainty

3.1 - Collection, Analysis and Accessibility of Data

According to the most recent CDC surveys, over 99% of Americans have had some level of exposure to vaccination. Less than 1% of Americans. More recent calibrations place this number at less than one million souls in all age groups, who are entirely unexposed to vaccination. The imperative nature of this remaining scientific evidence, i.e. the entirely unexposed controls, cannot be overstated. The only valid or relevant scientific method to be implemented here, requires that we immediately capture and preserve as much health data as possible for these controls and conduct a risk evaluation using this data as a baseline for comparison against health outcomes in the 99% vaccinated population, in each cohort age group. The Stratification of subsets will further crystallize the relevance and certainty of the risk assessments made by this survey study.

3.2 - What are the Modern Risks?

Readily-available and authoritative studies demonstrate an association between naturally-occurring "vaccine-preventable" infections and lower rates of immune-related and deadly diseases.^{27 28 29 30 31 32}

²⁷ A mounting body of research is now demonstrating a correlation between common childhood infections and lower rates of cancers and other diseases later in life, i.e., apparently better long-term health outcomes. However, the assumption that contracting these infections is the preventative factor, could be unfounded. The observed reduction in chronic illnesses could be solely due to a lack of exposure to vaccines. This study model will numerically quantify these factors. See: **History of chickenpox in glioma risk: a report from the glioma international case-control study (GICC)**E. Susan Amirian; Michael E. Scheurer; Renke Zhou; Margaret R. Wrensch; Georgina N. Armstrong
<https://onlinelibrary.wiley.com/doi/full/10.1002/cam4.682>

²⁸ **Mumps and ovarian cancer: modern interpretation of an historic association** Cancer Causes Control. 2010 Aug; 21(8): 1193–1201. Published online 2010 Jun 18. doi: 10.1007/s10552-010-9546-1 PMCID: PMC2951028 NIHMSID: NIHMS235805 PMID: 20559706 Daniel W. Cramer, Allison F. Vitonis, Simone P. Pinheiro, John R. McKolanis, Raina N. Fichorova, Kevin E. Brown, Todd F. Hatchette, Olivera J. Finn, Ching C. Lau First published: 13 March 2016
<https://doi.org/10.1002/cam4.682> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2951028/>

²⁹ **Acute infections as a means of cancer prevention: Opposing effects to chronic infections?**
Cancer Detection and Prevention Volume 30, Issue 1, 2006, Pages 83-93 Review
Author links open overlay panel Stephen A. Hoption Cann PhD^a, J.P. van Netten PhD^b C. van Netten PhD^a
<https://doi.org/10.1016/j.cdp.2005.11.001>, Daniel Lachance, Sara H. Olson
<https://www.sciencedirect.com/science/article/abs/pii/S0361090X06000043>

³⁰ **Do childhood diseases affect NHL and HL risk? A case-control study from northern and southern Italy.** Leuk Res. 2006 Aug;30(8):917-22. Epub 2006 Jan 6. Montella M¹, Maso LD, Crispo A, Talamini R, Bidoli E, Grimaldi M, Giudice A, Pinto A, Franceschi S. <https://www.sciencedirect.com/science/article/abs/pii/S0145212605004662>

³¹ **Delayed infection, family size and malignant lymphomas** - J Epidemiol Community Health. 2000 Dec; 54(12): 907–911. doi: 10.1136/jech.54.12.907 PMCID: PMC1731607 PMID: 11076986
P Vineis, L Miligi, P Crosignani, A Fontana, G Masala, O Nanni, V Ramazzotti, S Rodella, E Stagnaro, R Tumino, C Vigano, C Vindigni, and A. Costantini. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1731607>

³² **Risk factors for Hodgkin's disease by Epstein-Barr virus (EBV) status: prior infection by EBV and other agents**
Br J Cancer. 2000 Mar; 82(5): 1117–1121. Published online 2000 Feb 1. doi: 10.1054/bjoc.1999.1049
PMCID: PMC2374437 PMID: 10737396 F E Alexander, R F Jarrett, D Lawrence, A A Armstrong, J Freeland, D A Gokhale, E Kane, G M Taylor, D H Wright, and R A Cartwright <https://pubmed.ncbi.nlm.nih.gov/10737396/>

³³ ³⁴ However, there has been no research engineered to determine whether this difference is due to any specific preventive mechanism related to contracting these particular infections, or if vaccine avoidance alone, is the preventative factor. There is a very real possibility contracting these particular infections played no role in preventing any of these disorders later in life. The infections may have been due to these subjects having avoided vaccination, instead favoring the risks of a temporary infection over the risks of serious and permanent injuries, or even death, inherent to the use of unavoidably unsafe vaccination. Without establishing vaccination status, there is no method of making this determination.

3.3 - *Pivotal Questions Answered With Stratified Subsets*

It is presumed the vaccinated population experiences lower overall rates of "vaccine-preventable" infections, and from this, we have extrapolated that vaccination reduces injuries and deaths. However, we must determine whether the risks inherent in preventing these temporary infections by vaccination currently presents a substantially higher, or lower, overall risk of disease, disability, and death. In order for this ratio to be established for evaluation, we must first ascertain the modern risks within the population having a 100% infection history *with these particular agents*.

The survey study model disclosed herein stratifies a subset of entirely unvaccinated subjects, 100% of whom, have already contracted one or more "vaccine-preventable" diseases, with further stratification according to the temporary infections contracted. Among these specific subsets, definitive assessments of the modern risks associated with contracting these particular infections will be established as a baseline for comparison against the risks associated with preventing these temporary infections by vaccination.

3.4 - *Swift Production of Reliable Risk Factors*

The survey study model disclosed herein is the most accurate, swift, and relatively-inexpensive method of accumulating a robustly-redundant, and therefore accurate and fully-reliable, representative accounting of the disease, disability, and death rates for the entirely unvaccinated controls. Numeric accuracy will be validated with a random sample of professional medical screenings with which to adjust the accumulated health data. These disease, disability, and death rate percentages will then be used as a comparative against cohort age-groups within the over 99% vaccine-exposed population as reflected in our National health statistics. This will produce the relative risk factors between these two populations. ³⁵ ³⁶

³³ **Day care in infancy and risk of childhood acute lymphoblastic leukaemia: findings from UK case-control study**
BMJ 2005; 330 doi: <https://doi.org/10.1136/bmj.38428.521042.8F> (Published 02 June 2005) Cite this as: BMJ 2005;330:1294 , C Gilham, statistician¹, J Peto, professor of epidemiology², J Simpson, research fellow³, E Roman, professor of epidemiology³, T O B Eden, professor of pediatric oncology (etim.eden@manchester.ac.uk)⁴, M F Greaves, professor of cell biology⁵, F E Alexander, professor of statistics ⁶, for the UKCCS Investigators - Accepted 15 March 2005
<https://pubmed.ncbi.nlm.nih.gov/15849205/>

³⁴ **Early life exposure to infections and risk of childhood acute lymphoblastic leukemia**
International Journal of Cancer - Epidemiology, Kevin Y. Urayama, Xiaomei Ma, Steve Selvin, Catherine Metayer, Anand P. Chokkalingam, Joseph L. Wiemels, Monique Does, Jeffrey Chang, Alan Wong - First published: 09 November 2010
<https://doi.org/10.1002/ijc.25752> <https://pubmed.ncbi.nlm.nih.gov/21280034/>

³⁵ Statistical significance will be measure with the basic Pearson's chi-squared distribution for all stratified data comparisons. Percentage threshold is preset at the highest stringency possible, thereby producing a mathematical impossibility the results will be invalid. The baseline assumption of concurrent disease and death rates, between the National averages and the unexposed, will be measured against the actual results.

³⁶ Potential confounding factors are eliminated in this study model, as detail in the specifications.

3.5 - ***The Stratified Subsets***

The specific methodology implemented by this survey study protocol will definitively answer the question- "Assuming a 100% *certain* infection, what are the numerical odds of injury, or death?" - to be measured against the risks associated with any vaccine exposure at all.

3.6 - ***The Risks Have Changed***

In this modern climate, in the wealthiest Nation on earth, many identifiable risk factors associated with poor outcomes from temporary infections no longer exist, and/or are minimal. These improved factors include regular access to a variety of nutritious foods, clean water, hygiene, and sanitation that limit disease spread and strengthen the immune system. Even scurvy, a potentially deadly disease was found to be effectively prevented with simple access to citrus. Is it logical to assume good health can be achieved, or protected, by routinely-injecting disease-causing agents, myriad toxic chemicals, and micronized, bio-available, toxic metals?

However seemingly expedient and highly profitable these routine injections may be, the true history of infectious disease paints an entirely different picture of disease "eradication", and the most effective means of achieving such a goal. Maintaining good physical health remains the single most effective means of preventing both infectious, and noninfectious, diseases, disabilities, and deaths.

Chapter 4

NUMBERS DON'T LIE. PEOPLE LIE ABOUT THE NUMBERS.

4.1 - *Actuary Analysis: "Just the Facts Ma'am"*

Here, we're not attempting to locate the Higgs boson, or validate quantum field theories. An unbiased panel of forensic mathematicians, coupled with complete transparency of the raw data-sets and equations, is best suited for producing an accurate assessment of the relevant data. Excellent accountants, along with high quality risk assessment and statistical professionals, are perfectly suited for this particular task. Accepted standard equations will expose the truth here, in short order, and with verifiably repeatable accuracy.

It appears likely the most pivotally-definitive portion of this analysis will be found in the health outcomes of the subsets with 100% "vaccine-preventable" infection rates. For if their total risks of injury and death substantially differ from those who've prevented these same infections through vaccination, we will have a most certain understanding of the value, or lack thereof, in our current vaccine health policies and related expenditures.

Chapter 5

THE PATH TO OUR DEMISE: COMMUNIST HEALTHCARE

5.1 - *The Communist Model & Politically-Motivated Research*

The expansive Chinese-Communist political, media, and industry influence in the USA, is pervasive, parasitic, deeply-entrenched, and extremely deceptive. It now affects major sectors of our economy, including education, much of Hollywood, mainstream media, food supply, and even our medical industry. As a consequence, primary research efforts purported to be in search of the causes for our current catastrophic public health crisis, are now largely politically-motivated, i.e., in search of spurious "inequality" culprits for the destruction of biological systems. Such papers endlessly enumerate and stratify scientifically-irrelevant characteristics such as race, income, gender, gender-confusion, and even inequality-related childhood emotional traumas, while strictly avoiding the most biologically-plausible causative factor.^{37 38 39 40}

5.2 - *"Inequality" is Not the Cause of Our Nation's Health Crisis*

Such research efforts attempt to blame our Nation's rapidly declining health on our failure to adopt a communist system of government. Here we witness the creation of the problem and the presentation of their solution, i.e., the Hegelian dialectic. Such specious research models frame very real biomedical problems as if they are caused by a flaw in our chosen system of government, and are specifically engineered to produce societal and racial divisiveness. The pretense of science-based medicine has collapsed into a social and political agenda. Research genuinely focused on locating biological, and therefore scientifically rational, causes for this crisis, is largely unfunded, actively censored, and vehemently suppressed. To the extent humans are free, they will generally be happy, more prosperous, and unlikely to suffer many "inequality" cancers, or much race-induced brain damage.

5.3 - *Public Health under Communist Rule & Vaccine Sacrifices*

In a communist governmental structure, the goal of "public health" assumes individual sacrifices are always required for the greater good, and all such individual sacrifices are considered good for the commune, even when those sacrifices include a wholesale destruction of human health. Within this paradigm, individual rights, or even basic God-given rights, such as the right to not be murdered by government for no reason, are irrelevant. The base logic of this ideal is the fundamental belief that all sacrifices made for the common good are somehow beneficial to the herd, and therefore, those sacrifices need not be counted.

³⁷ *Income-related inequalities in diseases and health conditions over the business cycle* - Health Econ Rev. 2017; 7: 12. Published online 2017 Mar 9. - doi: 10.1186/s13561-017-0150-x - PMCID: PMC5342994 - PMID: 28275988 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5342994/>

³⁸ *Editorial: Social Inequities in Cancer* - Front Oncol. 2019; 9: 233. - Published online 2019 Apr 4. doi: 10.3389/fonc.2019.00233- PMCID: PMC6458240 - PMID: 31019897 - Dana Hashim, Friederike Erdmann, and Hajo Zeeb <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6458240/>

³⁹ Health News Reuters - April 15, 2015 / 8:35 AM - **Childhood trauma may raise risk of type 1 diabetes** <https://www.reuters.com/article/us-childhood-trauma-diabetes/childhood-trauma-may-raise-risk-of-type-1-diabetes-idUSKBN0N61X120150415>

⁴⁰ *Lifestyle and socio-economic inequalities in diabetes prevalence in South Africa: A decomposition analysis* PLoS One. 2019; 14(1): e0211208. Published online 2019 Jan 30. doi: 10.1371/journal.pone.0211208 PMCID: PMC6353159 - PMID: 30699173 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6353159/>

5.4 - **Industrial Censorship & Profits**

There is a stark institutional unwillingness to research and publish data that would help determine plausible physical causes of our immune-related health crisis, or identify truly effective preventative measures. Instead, most related research funding, whether private or public, is devoted to concocting patentable and profitable new drugs to treat all of these new disabling and deadly conditions. Our top "scientists" claim they *still* have no idea what might be causing all of these immune disorders. And this might actually be true, because they're too busy patenting expensive treatments instead of investigating the most obvious biological cause. ⁴¹

Both mainstream and "independent" researchers in the immunological field do not dare to investigate how *vaccines* have negative effects upon the human immune system, let alone expect funding with such a research focus in mind. The rampant saturation of our population with repeated injections of immune-system altering vaccines as a possible causative factor in immune system disorders, is a postulate that has escaped *all* researchers whose careers depend upon pharmaceutical funding. ⁴²

5.5 - **This Parasite is Now Poised to Swallow Our Nation Whole**

Previously, the parasitic relationship the Pharma/Medical complex has enjoyed with our government posed a somewhat limited threat to our Nation's survival. But this changed, as National leadership aligned more perfectly with these demonstrably-nefarious common end-goals for this Nation. Regardless of the factors leading to the threat we now face, this parasite has clearly outgrown its host. It's currently poised to swallow this Nation's people whole, thereby collapsing the entire system they support, including governmental structures. And in the end, taxing the last few who remain viable into oblivion will not be enough to support this parasite.

5.6 - **Moral Authority?**

Our Nation's recent experiences with the purportedly "leading public health authority", the World Health Organization, have exposed the fact public health authorities are plagued with agendas destructive to public health. ⁴³ ⁴⁴ Neither our politicians nor our health agencies are morally or

⁴¹ The 2005 HHS Report to Congress, "Progress in Autoimmune Diseases Research states: "Since cures are not yet available for most autoimmune diseases, patients face a lifetime of illness and treatment. They often endure debilitating symptoms, loss of organ function, reduced productivity at work, and high medical expenses." This report goes on to state that massive funding for research on highly profitable treatments for the pharmaceutical industry are essentially the only "answer" to the problems. Nowhere in this report is there a suggestion the most obvious biological causes, i.e., exposures to drugs which are specifically designed to *permanently alter the human immune system*, should be investigated. <https://www.niaid.nih.gov/sites/default/files/adccfinal.pdf>

⁴² *Relation of study quality, concordance, take home message, funding, and impact in studies of influenza vaccines: systematic review* - British Journal of Medical Science
BMJ 2009; 338 doi: <https://doi.org/10.1136/bmj.b354> (Published 12 February 2009) Cite this as: BMJ 2009;338:b354
<https://www.bmj.com/content/338/bmj.b354>

⁴³ On February 2nd, 2020, President Trump restricted travel from China. As late as March 30th, 2020, the official statement from the WHO was that the Covid-19 virus was *not* airborne, was not communicable, and could *not* be spread between humans. Dr. Tedros Adhanom Ghebreyesus, director general of the World Health Organization, claimed that America's travel-ban was based solely upon "xenophobia". Dr. Ghebreyesus, (who, like Bill Gates, is *not* a medical doctor) continued repeating Chinese propaganda to cover up the true origin and nature of the virus, and he continues his slanderous propaganda campaign, even as the USA halts WHO funding and begins an investigation for fraud and potentially, crimes against humanity. This is but one of many current publications on this subject. See e.g., <https://www.washingtonexaminer.com/news/world-health-organization-insists-coronavirus-not-an-airborne-disease-as-experts-raise-possibility>

⁴⁴ CBS News: May 21st, 2017 REPORT: **Cash-strapped UN health agency spends about \$200 million a year on travel** - The WHO routinely busts the budget booking decadent luxury flights and 5 star hotel rooms. London: The World Health

otherwise qualified to decide whether Citizens should submit themselves or their children to dangerous and invasive medical procedures, the mechanisms for which, are "poorly understood".⁴⁵ Obvious monetary incentives, treasonous political agendas, and even ordinary neglect, pose almost unlimited threats to public health in the USA, with cataclysmic results that are now clearly visible.^{46 47}

Organization routinely spends about \$200 million a year on travel -- far more than what it doles out to fight some of the biggest problems in public health including AIDS, tuberculosis or malaria, according to internal documents obtained by The Associated Press." <https://www.cbsnews.com/news/world-health-organization-un-agency-spends-big-on-travel-report/>

⁴⁵ ***Mechanisms of stimulation of immune response by aluminium adjuvants*** - "The mechanisms by which aluminum adjuvants selectively enhance the immune response are poorly understood." Aluminum is the most popular adjuvant in use today. See: - Pubmed - June 2002 - Vaccine 20 Suppl 3(Suppl 3):S34-9 DOI: 10.1016/S0264-410X(02)00169-X <https://pubmed.ncbi.nlm.nih.gov/12184362/>

⁴⁶ Over 400,000 deaths per year due to medical mistakes - ***A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care*** - James, John T. Journal of Patient Safety: September 2013 - Volume 9 - Issue 3 - p 122-128 doi: 10.1097/PTS.0b013e3182948a69 "[] however, one must hope that the present, evidence-based estimate of 400,000+ deaths per year will foster an outcry for overdue changes and increased vigilance in medical care to address the problem of harm to patients who come to a hospital seeking only to be healed. <https://pubmed.ncbi.nlm.nih.gov/23860193/>

⁴⁷ ***Cancer doctor who prescribed \$35 million worth of unnecessary chemotherapy gets 45 years in prison*** - Business Insider - Christina Sterbenz - Jul 10, 2015, 11:12 AM - <https://www.businessinsider.com/michigan-oncologist-farid-fata-charged-with-fraud-sentenced-to-45-years-in-prison-2015-7>

Chapter 6

CURRENT VACCINATION RISK ASSESSMENT

6.1 - **VAERS: The Monitoring System with a 99% Failure Rate:**

The Vaccine Adverse Event Reporting System ("VAERS") permits passive reporting of adverse events that occurred within 7 days to as much as 30 days after injection with vaccines, and only for those conditions considered "reportable". In 2011, Harvard Pilgrim Health Care, Inc. conducted a study of the automation of vaccine adverse event reporting to VAERS for the U.S. Department of Health and Human Services (HHS) which found that less than 1% of reportable adverse vaccine events were ever reported. An automated and more efficient reporting system was urged to protect public health.⁴⁸ This reporting protocol has never been implemented by HHS.

In setting vaccine policies in the USA, our public health authorities rely on a risk-reporting system with a higher than 99% failure rate. Less than 1% of adverse events are actually reported to the government.⁴⁹ This glaring underreporting appears to be due to the fact there is no enforcement mechanism in place to assure adverse events are ever reported, i.e., there are no penalties for those who become aware of adverse events, but who fail or refuse to report them. Consumers who receive vaccines are generally unaware that VAERS exists or how to report, and therefore would only report adverse events to their medical professionals, who apparently report less than 1% of them, much less those they might not become aware of.

It is logical to conclude that an even lower percentage of long-term and progressive immune system injuries, leading to other serious health outcomes and deaths, will ever be reported as having been attributable to a product deceptively marketed as "safe". Due to their ability to trigger and permanently alter the human immune system, any assumption vaccines are incapable of causing delayed and long-term injuries, is wholly irrational.

6.2 - **Pharmaceutical Retailers**

Vaccines are available without a prescription. Pharmaceutical retailers directly inject consumers with vaccines. Axiomatically, the pharmaceutical industry's retail outlets are financially conflicted. Consumers faced with a health emergency after a vaccine injection, would contact a medical professional rather than a drug retailer. Pharmaceutical retailers are highly unlikely to ever become aware of, much less report on, adverse events related to the drugs they profit from. If the adverse effects are delayed, but progressive, as seen in immune disorders, it's close to impossible such injuries will ever be attributed to the triggering event of vaccination, even if the vaccination was in fact the cause.

⁴⁸ **Electronic Support for Public Health—Vaccine Adverse Event Reporting System** - <https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system>

⁴⁹ **Electronic Support for Public Health—Vaccine Adverse Event Reporting System** (ESP:VAERS) Inclusive dates: 12/01/07 - 09/30/10 Principal Investigator: Lazarus, Ross, MBBS, MPH, MMed, GDCCompSci - Performing Organization: Harvard Pilgrim Health Care, Inc -Grant Final Report- Grant ID: R18 HS 017045 - <https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system>

6.3 – **Medical Professionals Who Dispense Vaccines**

Vaccination programs can represent substantial and reliable sources of main or additional income in the medical profession,⁵⁰ together with regular insurance bonuses, labeled “preventative health bonuses” paid in exchange for maintaining high vaccination rates.⁵¹ The actual funds for these bonuses originate from the pharmaceutical industry and/or pharmaceutically-funded NGOs, government grants, etc., with most of the proceeds laundered through insurance companies. This leads to obvious conflicts in the propensity of doctors and medical institutions to continually vaccinate all patients with every CDC recommended vaccine available. It also leads to a strong bias and consequent aversion to acknowledging adverse events as being attributable to vaccination, even if those vaccines were obtained elsewhere, such as at a retail drug outlet. These factors, and perhaps many others not mentioned here, help explain the obscenely low reporting rate of less than 1% of vaccine adverse events.

6.4 - **Estimated Acute Adverse Events & Injuries**

In setting public health policies, it is entirely irrational to base vaccine-related public health policies upon a monitoring system with a 99% failure rate. The VAERS reporting rate, of less than 1%, indicates the number of actual acute injuries, hospitalizations, and even deaths after vaccination, would logically be of a magnitude at least 100 times greater than the data presently available through the VAERS. And there is no data available for the injuries that do not become apparent outside the short window of time after the vaccination, or that fall outside of the injuries listed as "allowable" to report.⁵²

6.5 - **Delayed Incendiary Devices**

Immune system injuries lead to *progressive* diseases. Much like a delayed incendiary device, these immune-related diseases, disorders, disabilities, and deaths, can take weeks, months, or even years after the initiating event before they are grave enough to require medical intervention. It is logical to presume that most, if not all, of this particular category of vaccine-injury remains concealed, and is never accounted-for. Without a retrospective comparative survey study, such as the one disclosed herein, there is no means by which the numerical risks associated with vaccination can be assessed.

6.6 - **Delayed Reactions Are No Less Devastating**

It is irrational to assume all negative long-term reactions will be signaled by an immediate reaction. And even when preceded by an immediate reaction, less than 1% will be acknowledged at all according to VAERS. Follow-up directly from VAERS, is limited to less than 1% of the serious immediate reactions, and this follow-up data is concealed from public view. Additionally, many acute symptoms indicative of an immune system injury, such as fever, swelling, myalgia, muscle weakness, even prolonged screaming and loss of consciousness, are routinely dismissed as "normal" or "expected" *because they*

⁵⁰ "Economic incentives and physicians' delivery of preventive care" Review and special articles| Volume 28, ISSUE 2, P234-240, February 01, 2005 - A systematic review - [https://www.ajpmonline.org/article/S0749-3797\(04\)00293-4/fulltext](https://www.ajpmonline.org/article/S0749-3797(04)00293-4/fulltext) - DOI: <https://doi.org/10.1016/j.amepre.2004.10.013>

⁵¹ An owner of various vaccine patents, the CDC, offers an incentive program known as AFIX which incentivizes health professionals and hospitals to increase their vaccination rates, offering financial incentives, scholarships, public recognition, and opportunities to receive additional funding directly from other pharmaceutical companies. <https://www.cdc.gov/vaccines/programs/iquip/index.html>

⁵² HHS, VAERS Table of Reportable Events Following Vaccination (March 21, 2017) https://vaers.hhs.gov/docs/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf

*are so common.*⁵³ For instance, an infant could scream for hours on end, run a fever, convulse, or even become unconscious as a result of an acute immune system injury, and the issue would never be investigated. A quietly-sleeping infant is generally thought to be a good thing. Other clear signals of injury, such as lethargy – a sign of encephalopathy, are so common in recently-vaccinated infants that they are routinely dismissed as mental disorders that are so "common" they don't warrant further investigation. A profound lack of follow up protocols and studies associated with these outcomes plagues the industry at this time. It is the status quo to *not* investigate vaccination as a possible cause. If such data is being tracked, or does exist, it's currently being hidden from public view.

6.7 - Evaluating the Risk/Benefit Ratio

Drug retailers are permitted to inject vaccines without a prescription. And yet, the vaccine inserts caution medical professionals to "carefully evaluate the risk-to-benefit ratio" before injecting them into humans. This "ratio evaluation" is not possible. No medical professional or drug retailer has ever been *able* to follow this instruction before injecting a vaccine. The industry-standard defense to allegations vaccines cause injuries, is to point to a profound *lack* of relevant published research on the subject, as their "evidence" vaccines are incapable of causing harm, as if a lack of investigation is evidence of innocence. Such assumptions are not scientific evaluations. They are unsubstantiated and unscientific rationalizations engineered to protect the market for this class of product.

6.8 - The Empty Half of the Scale

Teratogens and carcinogens can produce growth retardation and/or malformation during the fetal period, the first year of life, and in puberty. This obviously also applies to the potential to produce genetic mutations and cancers, and/or other serious chronic health issues, even in adults.⁵⁴ This is of particular concern in an age where myriad vaccines are now heavily pressed upon all pregnant women, newborn infants, children, adults, and even the elderly. Vaccines contain ingredients and contaminants that are known to be carcinogenic (e.g. formaldehyde, beta-propiolactone, and even glyphosate contaminant), yet vaccine inserts indicate that vaccines are not being evaluated for their teratogenic or mutagenic potential. There is no age group limitation, and almost no limitation to the number of vaccines that are currently urged upon the general public. And vaccines, in an almost unlimited number of exposures, are always justified with the continued claim "the benefits outweigh the risks". This claim remains entirely unsubstantiated.

One side of this risk/benefit scale sits numerically empty, i.e., the risk side, so objective decision making is impossible. No numerical ratio which could be evaluated has ever been established. The risk/benefit "ratio" is a term of *math*. It is not a subjective adjective, nor is it a moral or ethical term. Without this *data*, it is impossible to judge what the higher moral public health values should be with regard to mass vaccination programs.

⁵³ The Johns Hopkins Arthritis Center states: "Researchers don't know what causes autoimmune disease, but several theories point to an overactive immune system attacking the body after an infection or injury."
<https://www.hopkinsmedicine.org/health/wellness-and-prevention/what-are-common-symptoms-of-autoimmune-disease>

⁵⁴ **Carcinogenesis and teratogenesis may have common mechanisms**, Harri Vainio, *Scandinavian Journal of Work, Environment & Health*, Vol. 15, No. 1 (February 1989), pp. 13-17

Chapter 7

VACCINE RISKS

CURRENT STATE OF KNOWLEDGE & PRACTICES

7.1 - *Typical Vaccine Approved for Market*

A typical vaccine approved for use in all infants in the USA, the "Daptacel" vaccine,⁵⁵ demonstrates a 50% rate of acute systemic reactions following any dose. Cyanosis, (a symptom of oxygen deprivation) immune system disorders, convulsions, and many other severe side effects, have all been observed upon injection into infants. However, the worst reactions are not quantified numerically as compared against true "controls", and could also be delayed, thereby falling outside the limited timeframe of the clinical trial. This means developmental and progressive effects, due to the vaccinated infant's now-permanently-altered/injured immune system, will surely go unreported as a reaction to the vaccine. The noted screaming fits from vaccinated infants, for up to "48 hours" after injection, are classified by the researchers as "psychiatric disorders". Most infants are unable to articulate their specific symptoms or sources of pain, which may not be externally visible or diagnosable until later in the child's development.

Up to 46.2% of infants injected with this particular class of vaccine are observed by the researchers to experience myalgia and other early-warning symptoms of myositis, as well as many other early symptoms of progressive and potential disabling immune injury.^{56 57}

7.2 - *Missed Information - Lack of Investigation*

Prolonged screaming is an expected and common side effect when infants are vaccinated. There is a very real possibility most infants who scream for hours *after* the sting of vaccination has passed, have suffered an undetected but serious injury, and are in prolonged *physical* pain. Such injuries may only become diagnosable upon *an attempted investigation* which is unlikely to occur. Dismissing such reactions as mental disorders is irrational, negligent, and wholly unscientific. To make matters worse, the follow-up for serious adverse reactions after vaccination do not give an accounting of the infants' overall health, but rather, may only be an accounting of those health effects the researchers have subjectively decided to *attribute* to the vaccine. And, the parameters for health problems that are considered "reportable" as side-effects due to vaccination, are undefined. There is no disclosure of the exclusion factors.

7.3 - *Screaming Infants: Parents Are Told Not to Worry*

When an infant inexplicably begins a prolonged bout of screaming, a responsible parent will investigate, and even seek medical care and diagnosis, refusing to give up until they get to the bottom

⁵⁵ **STN#:** 103666 **Proper Name:** Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed
Tradename: DAPTACEL **Manufacturer:** Sanofi Pasteur, Ltd. <https://www.fda.gov/media/74035/download>

⁵⁶ J Autoimmun. 2012 Dec;39(4):272-84. doi: 10.1016/j.jaut.2012.05.007. Epub 2012 Jun 28.

Mechanisms of environmental influence on human autoimmunity: a National Institute of Environmental Health Sciences expert panel workshop. Selmi C¹, Leung PS, Sherr DH, Diaz M, Nyland JF, Monestier M, Rose NR, Gershwin ME.
<https://www.ncbi.nlm.nih.gov/pubmed/22749494>

⁵⁷ "Myositis frequently occurs with other conditions, which share similar symptoms or affected organs. For example, people with myositis may have other autoimmune conditions like lupus or rheumatoid arthritis. They can also experience Raynaud's disease (this is a blanching of the fingers when exposed to the cold). Depending on how long the myositis symptoms have occurred and which muscles are affected, heart muscle or lung tissue can also become inflamed, leading to poor health consequences like heart arrhythmias and interstitial lung disease." Columbia University - Columbia Doctors - New York-Presbyterian <https://www.columbiadoctors.org/condition/myositis>

of it. However, if an infant's inexhaustible screaming occurs *after vaccination*, even when coupled with fever, that same parent will be told by a medical professional, "it's normal", thereby assuring it will not be investigated. This standard protocol allows for many serious injuries to go undetected until *after* the VAERS "allowable" reporting period has safely passed by. If one is in the business of manufacturing or distributing this class of product, this outcome is desirable because it protects future profits. The illusion of safety is good for pharmaceutical profits, but not for children's health. The package insert for Daptacel is a typical exemplar for vaccines in general. This, and/or similar products, are injected into most American infants more than two dozen times before the age of two.⁵⁸

7.4 - *Reactions/Injuries Are Not Numerically Quantified*

The overall public health risks of exposure to vaccines, either immediate or long-term, at any age, have never been quantified, i.e., expressed as numerical values. To date, the cumulative effects of repeated, and/or simultaneous multiple-combination dose exposures, have not been evaluated at all. The immediate effects of vaccination, which include brain inflammation and even death, have been characterized with adjectives and marketing slogans such as "safe" and "rare", but these descriptors do not provide the basis for a numerical risk/benefit analysis, nor do they help substantiate the patently false marketing slogans. These industry-standard risk characterizations, which are primarily limited to the immediate and very obvious reactions, are not objective statistical values.

7.5 - *"Rare" is Not a Risk Factor or Scientific Term*

The adjectives used in vaccine label warnings to characterize the risks of vaccination, to the extent they are presented, are generally limited to the subjective adjectives "rare" and/or "extremely rare". At present, there is no means by which any medical professional or public health agency is equipped to evaluate the risk-to-benefit ratio of using this class of product, in any quantity, with regard to short-term, or long term outcomes. Numerical values are the only data relevant to the equation. These currently-missing numbers cannot be replaced with adjectives, which have no application in an equation. Access to a numerical ratio evaluation is the only possible means of informing vaccination policies that will best serve the interests of individual patients or public health. The survey study disclosed herein will provide this critical data.

⁵⁸ CDC 2020 Recommended Vaccinations for Infants and Children
<https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html>

Chapter 8

ASSUMPTIONS WITHOUT EVIDENCE:

8.1 - *Death is an "Observed" Side Effect- We Need a Numerical Accounting*

The VAERS website openly admits this passive data collection system is incapable of producing numbers that can be relied upon in assessing the risks of any vaccine.⁵⁹ Furthermore, some vaccines (e.g., pertussis) often fail to prevent the infections they target, and others (e.g. seasonal flu shots) increase the risk of contracting non-target infections. There is a growing body of evidence they can increase the rates of infection with the very diseases they are intended to prevent or "eradicate", due to shedding of the injected viruses and bacteria.^{60 61}

Yet, vaccine failures always result in adding an extra "booster shot" to the schedule, which increases cumulative vaccine risks without addressing the underlying cause of the long-term ineffectiveness in disease prevention or non-specific effect on increasing the risk of non-target infections. The more vaccines fail to prevent infection, the more of them are sold, which is good for vaccine business, but not for public health.

It is interesting that the infections which seem to endlessly plague humanity, are primarily the ones for which there are a steady supply of profitable vaccines. Most others appear to be the only ones ever permanently "eradicated".

8.2 - *The Risks Are "Knowable"*

The long-term, immune-impairing, developmental, teratogenic, fertility-impairing, disabling, and other serious risks of vaccination, remain unevaluated and without enumeration on the spurious premise these risks are "unknowable". However, due to the presence of approximately 830K entirely unvaccinated individual (controls) in the USA, (as of 2020) these comparative risks *are* knowable (using the health status of this 'control' cohort as a baseline), and can be accounted for with reliable accuracy as delineated herein.

⁵⁹ VAERS DISCLAIMERS: ""Underreporting" is one of the main limitations of passive surveillance systems, including VAERS. The term, underreporting refers to the fact that VAERS receives reports for only a small fraction of actual adverse events. The degree of underreporting varies widely." AND: "Please note that VAERS staff follow-up on all serious and other *selected* adverse event reports to obtain additional medical, laboratory, and/or autopsy records to help understand the concern raised. However, in general coding terms in VAERS *do not change based on the information received* during the follow-up process. VAERS data should be used with caution as numbers and conditions do not reflect data collected during follow-up." (Emphasis added.) <https://vaers.hhs.gov/data/dataguide.html>

⁶⁰ (CIDRAP News) – "Canadian researchers reportedly have found as-yet-unpublished evidence that people who had a seasonal flu shot last year incurred a higher risk of H1N1 infection, but US and World Health Organization (WHO) officials say they are not aware of any similar findings elsewhere." Filed Under: H1N1 2009 Pandemic Influenza; Public Health; Influenza Vaccines By: Robert Roos| Sep 24, 2009 <https://www.cidrap.umn.edu/news-perspective/2009/09/unpublished-canadian-data-seasonal-flu-shots-and-h1n1-stir-concern>

Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/>

⁶¹ "But all of the sick students had been vaccinated against the disease, according to school officials. In fact, all 90 people who have recently come down with pertussis — the official name for whooping cough — in Los Angeles County this year had been immunized against it, according to county officials." ***Harvard-Westlake students were vaccinated. Dozens caught whooping cough anyway*** - LA Times - By Soumya Karlamangla - Staff Writer - March 16, 2019 <https://www.latimes.com/local/california/la-me-ln-whooping-cough-vaccine-20190316-story.html>

Chapter 9

CURRENT PRACTICES IN CLINICAL SAFETY ASSESSMENTS

9.1 - *When applied in Science, Social Ethics Produces Unethical Outcomes*

The goal of disease "eradication" is the ethical justification for maintaining a blind eye to the number of sacrifices vaccination programs cause. The claim vaccination risks are "unknowable", is propped up with the argument that it would be "unethical" to deny *any* healthy human a "therapeutic" drug that *might* prevent a temporary infection, regardless of the fact that the risks of the therapy are unknown.

⁶² This is the foundational justification for the industry-standard refusal to use true controls, i.e., entirely unexposed subjects, for comparison of outcomes in vaccine safety trials. ⁶³ ⁶⁴

9.2 - *True Controls Have Not Been Present in Modern Clinical Trials*

In typical vaccine clinical trials, research subjects who are referred to as "controls" or "placebos" are injected with one or more *other* vaccines and/or adjuvants ("placebos") for outcome comparisons against the new vaccine being tested for "safety and efficacy".⁶⁵ The adverse reactions are reported to establish a short-term risk profile, pre-determined solicited adverse events and unsolicited reports of serious adverse events. As a general rule, true controls are not utilized as a baseline for comparison in vaccine clinical trials. All test subjects generally receive something active, and/or known to be potentially toxic, even in trace amounts. Nonetheless, such test subjects will be referred to by the vaccine manufacturer as "controls" who received "placebos".

This approach purposefully masks the true risks of vaccination, as they are found in the 'control' group at a similar rate, and hence deemed 'coincidental.' If there is no substantial difference in the rate of adverse events between the falsely-labeled "controls" and the subjects injected with the new vaccine, the new vaccine is considered acceptable. In some trials, the false "controls" have more side effects than the group receiving only the new vaccine. In these instances, the new vaccine will be reported to have *reduced* the risk of side effects. This is equivalent to giving the "controls" four shots of brandy, the test-subjects a hot toddy *with three shots of brandy*, and then checking to see who is more inebriated.

9.3 - *The Domino Effect of False "Controls"*

A vaccine having already passed these erroneously-titled "control" studies will be assumed safe enough to qualify as an "unavoidably unsafe" but "approved" product, and will then become a new control-substance to be injected into future "controls" as a baseline for comparison against yet more

⁶² The expert panel recommendations of the WHO state: "Randomized, placebo-controlled trial designs often raise ethical concerns when participants in the control arm are deprived of an existing vaccine. Furthermore, testing a new vaccine against placebo is scientifically and ethically fraught when the hypothesis being tested is whether an experimental vaccine is more efficacious than one already in use in the same or in other settings." See - Ref. 37

⁶³ The World Health Organization argues vehemently against the use of inert substances or true controls in any vaccine research. Their panel of "scientists" claims it is unethical to deny any test subject an injection of some kind during the trials. See: **Placebo use in vaccine trials: Recommendations of a WHO expert panel** Vaccine. 2014 Aug 20; 32(37): 4708–4712. doi: 10.1016/j.vaccine.2014.04.022 PMID: PMC4157320 PMID: 24768580 <https://www.sciencedirect.com/science/article/pii/S0264410X14005374>

⁶⁴ An article from the pharma lobbying group, "Physicians Committee for Responsible Medicine" **Human Experimentation: An Introduction to the Ethical Issues** also argues vehemently against the use of true controls in vaccine trials, in one instance, claiming it would "deprive" the controls of a potentially live-saving whooping cough vaccine. <https://www.pcrm.org/ethical-science/human-experimentation-an-introduction-to-the-ethical-issues>

⁶⁵ **Aluminium-based Adjuvants Should Not Be Used as Placebos in Clinical Trials**, by Christopher Exley PMID: 21871940 DOI: 10.1016/j.vaccine.2011.08.062 <https://pubmed.ncbi.nlm.nih.gov/21871940/>; and regarding use of other vaccines as "placebos" see: <https://www.fda.gov/media/77017/download> ; <https://www.fda.gov/media/75695/download>

new vaccines being tested. This industry-standard clinical trial model creates a domino effect of fraudulently-manufactured "safety" perception. It is the wholesale rejection of the scientific method.

It is reasonable to assume this practice has led to increasingly more dangerous vaccines being approved for the market. The single most imperative and foundational scientific method in toxicology, which *does* require true controls, has been slandered as "unethical" *and disposed of* in most vaccine-related research.

9.4 - ***The Scientific Method & Applied Ethics***

In toxicological science, "controls" are subjects who have not been exposed to anything active, and/or who have only received a *true* placebo known to be completely inert, i.e., incapable of producing any biological effect. In toxicology studies, referring to subjects as "controls" when they've been injected with obviously active, and/or toxic substances, is simply a *fraud*. In vaccine science, this blatant scientific fraud is defended as the only "ethical" study method available. The corruption of basic scientific nomenclature is cover for the rampant fraud in vaccine "safety science" of today.

9.5 - ***Therapy and Ethics Redefined***

In vaccines trials these "ethical" justifications, for a lack of true controls, are applied to perfectly healthy subjects, who are not in *need* of any therapy. And frequently, these clinical trials include "controls", who are injected with an aluminum, or other adjuvant, but not with the purportedly "therapeutic" viral or bacterial antigen. There can be no possible therapeutic benefit related to such devices. A truly unexposed control would be equally "ethical" (as it's defined in this branch of "science") in these particular trials, since the purported 'therapeutic' device is not injected. When using this methodology, the "therapeutic" justification for a lack of controls is merely an additional obfuscation, rather than any "ethical" or therapeutic consideration.

9.6 - ***Triggered: Pharma and the Medical Journals***

Many immune disorder studies focus entirely on genetic mutations, heredity, and predisposition for immune system disorders, but entirely *ignore* vaccines as a possible culprit. It's truly just an effort to find anything *other than* vaccines to blame. The scant studies that do examine vaccines as a possible cause of immune disorders are rarely published, due to the fact all major medical journals are funded primarily by the pharmaceutical industry. However, some have surfaced.^{66 67 68} The word "triggered" (by vaccines) is a frequent term of art in this narrow and obscure branch of research. When genetics are the focus of causation, the genetic mutations leading to such vulnerabilities are blamed *for* the vaccine reactions, which it is claimed were only "triggered" due to existing defective genes, and not the

⁶⁶ Autoimmunity following hepatitis B vaccine as part of the spectrum of 'Autoimmune (Auto-inflammatory) Syndrome induced by Adjuvants' (ASIA): analysis of 93 cases. *Lupus*. 2012 Feb;21(2):146-52. doi: 10.1177/0961203311429318. <https://www.ncbi.nlm.nih.gov/pubmed/22235045>

⁶⁷ Temporal association of certain neuropsychiatric Disorders Following Vaccination of children and adolescents: a Pilot case-control study - <https://pubmed.ncbi.nlm.nih.gov/28154539/>

⁶⁸ Vaccinations and risk of systemic lupus erythematosus and rheumatoid arthritis: A systematic review and meta-analysis - <https://www.sciencedirect.com/science/article/abs/pii/S1568997217301340>

vaccine. The fact vaccines are known to be capable of causing genetic mutations is obtusely, (or obscenely) avoided in such research, but some researchers have clearly made the connection.^{69 70}

Almost any toxic assault on the body can "trigger" an immune response, particularly when injected directly into the bloodstream.⁷¹ The assumption this is *always* a positive outcome, because it demonstrated a vaccine's "efficacy" (by triggering a *poorly-understood* immune reaction) is wholly irrational. Blaming "bad genes" for vaccine reactions, is equivalent to pulling the "trigger" on a gun, and then blaming the victim's inadequate skull-thickness for their consequent death.

⁶⁹ **Concerns of Vaccine-Induced Genetic Mutation** "Many vaccines use "immortal cell lines". These are cancerous cells with no limit on how many times they can divide. The most commonly known type of tissue used is of the human diploid variety extracted from aborted fetal tissue. These cell lines are easily contaminated with pathogens and spread cancer (mutation-promoting) material to humans." See: Harasawa R, Latent Risk in Bovine Serums Used for Biopharmaceutical Production, <http://www.asmta.org/pcsrc/sum02.htm>; Levings RL, Wessman SJ, bovine diarrhea virus contamination of nutrient serum, cell cultures, and viral vaccines, *Dev Biol Stand*, 1991; 75:177-181; Giangaspero M et al, Genotypes of pestivirus RNA detected in live virus vaccines for human use, *J Vet Med Sci*, 2001: 63(7):723-733. PMID 11503899, and: Harasawa R, Mizusawa H, Detection of Pestiviruses from Mammalian cell cultures by PCR, Proceedings of 3rd Internat World Congress on Biomedical Sciences, 1996; 12.-9.-20 Riken, Tsukuba, Japan, <http://www.3iwc.riken.go.jp/congress/sympo/sbb0202/ako111/tit.htm>

⁷⁰ It is well understood that health is related to genetics. Detailed reports show the many identified cancerous and genetic consequences of vaccine contamination, and expose the fact each vaccine dose is allowed 100,000,000 pieces of DNA, not including the DNA in the viral and viral-contaminated portions. Any allowable piece of DNA is a risk. SEE; Ho M et al, Slipping through the regulatory net: 'Naked' and 'free' nucleic acids. *TWN Biotechnology and Biosafety Series*, No. 5, 2001. <http://www.twinside.org.sg/title/biod5.htm> Points to consider on Plasmid DNA vaccines for preventive infectious disease indications. FDA/CBER, Office of Vaccine Research and Review, 1996, <http://www.fda.gov/cber/glns/plasmid.txt>

⁷¹ "Immunotoxicology is defined as the study of events that lead to undesired effects as a result of interaction of foreign substances (e.g., xenobiotics) with the immune system. Toxic responses might arise when the immune system either (1) acts as a passive target of chemical insult, leading to a relatively broad-spectrum loss or potentiation of function; or (2) responds to the antigenic specificity of the chemical as part of a specific immune response. In the latter instance, a more limited population of antigen-specific immune cells is the initial target of the chemical interaction, with the potential for toxic responses to occur (e.g., in the skin or lungs), subsequent to the specific interaction between the chemical antigen (hapten) and host antibody or sensitized cells." **Toxicity to the Immune System: A Review** - Jack H. Dean, Joel B. Cornacoff, Michael I. Luster - In: Hadden J.W., Szentivanyi A. (eds) Immunopharmacology Reviews. Springer, Boston, MA - DOI: https://doi.org/10.1007/978-1-4615-7252-7_6 Online ISBN: 978-1-4615-7252-7 Abstract at: https://link.springer.com/chapter/10.1007/978-1-4615-7252-7_6

Chapter 10

PLAUSIBLE CAUSATION IS WELL ESTABLISHED

10.1 - *Biological Plausibility of Universal Damage*

Vaccines carry the formal legal classification of "unavoidably unsafe", and are designed to cause permanent alterations to the human immune system. The mechanisms by which vaccine adjuvants trigger these alterations remain "poorly understood". The human immune system is extremely complex and powerful. Its proper function and regulation is indispensable for overall health. When gone awry, it has the universal potential to injure, disable, and even destroy, the organs, tissues, and systems. During the early events of the AIDS crisis, it was also established that a disabled or injured immune system can lead to cancers, and myriad other health problems. The range of damage that can result from an overactive and/or confused immune system are broad, and include cancer, genetic damage, brain and nervous system destruction, heart disease⁷², diabetes⁷³, other vital organ injuries and failures^{74 75}, seizure disorders, paralysis, asthma, life-threatening allergies, arthritis, skin disorders, and a host of increasingly common, but previously rare, or even previously unheard of, immune diseases.

10.2 - *Intellectual Disabilities*

It is logical to assume a product which "triggers", *and has been observed to cause* brain inflammation and nervous system damage, as is noted in vaccine insert warnings, is *also* capable of causing behavioral and intellectual disorders.^{76 77}

⁷² **Autoimmunity: From Bench to Bedside** - Chapter 38 - Cardiovascular involvement in autoimmune diseases
Jenny Amaya-Amaya, Juan Camilo Sarmiento-Monroy, and Adriana Rojas-Villarraga.

<https://www.ncbi.nlm.nih.gov/books/NBK459468/>

⁷³ **Failing Immune System 'Brakes' Help Explain Type 1 Diabetes in Mice** - Johns Hopkins Medicine Newsroom- 08/29/2018 - Lead author Marcos Iglesias, and Anirudh Arun, Maria Chicco, Brandon Lam, Conover Talbot, Vera Ivanova, W.P.A. Lee and Gerald Brandacher of the Johns Hopkins University School of Medicine. Supported by the American Diabetes Association (1-10-JF-43), The Starzl Transplantation Institute, the Baltimore Diabetes Research Center, the American Association of Immunologists and JDRF (2-SRA-2016-304-S-B).

<https://www.hopkinsmedicine.org/news/newsroom/news-releases/failing-immune-system-brakes-help-explain-type-1-diabetes-in-mice>

⁷⁴ **The role of the immune system in kidney disease** - "A dysregulated immune system can have either direct or indirect renal effects." Clin Exp Immunol. 2018 May; 192(2): 142–150. - Published online 2018 Mar 24. doi: 10.1111/cei.13119 - PMID: 29453850 - J. Tecklenborg, D. Clayton, S. Siebert, and S. M. Coley

<https://pubmed.ncbi.nlm.nih.gov/29453850/>

⁷⁵ **The immune system: relation to sepsis and multiple organ failure** - AACN Clin Issues. 1996 Aug;7(3):339-50; quiz 459-60. Kellum JA, Decker JM.

⁷⁶ **Neuroinflammation: Ways in Which the Immune System Affects the Brain** - Neurotherapeutics. 2015 Oct; 12(4): 896–909. Published online 2015 Aug 26. doi: 10.1007/s13311-015-0385-3 - PMID: 26306439 -

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4604183/>

Richard M. Ransohoff, Dorothy Schafer, Angela Vincent, Nathalie E. Blachère, and Amit Bar-Or

⁷⁷ **The Jeremiah Metzger Lecture: Inflammation, Immune Modulators, and Chronic Disease**

Trans Am Clin Climatol Assoc. 2015; 126: 230–236. ; PMID: 26330682

Raymond N. Dubois, MD, PhD <https://pubmed.ncbi.nlm.nih.gov/26330682/>

Chapter 11

VALUE & LIMITATIONS

11.1 - *The Limited Value of Additionally-Specific & Cumulative Risk Data*

Repeated, and/or increased levels of exposure to substances known to be "unavoidably unsafe", obviously increases risk, even if considered safe in "trace" amounts. Medical "experts" urge over 70 vaccine injections before the age of 18 to prevent infections. The fact vaccines contain various known toxins that have already been tested on a gradient, i.e., increasing dosages increases toxic effects, is well established. It is also a scientific and legal certainty that vaccines are unavoidably unsafe, which again, in plain English, is the synonym for dangerous.

11.2 - *Cumulative Risk*

This survey study model is not designed to evaluate the varying degrees of risk associated with specific vaccines, the cumulative effects of repeated exposures over time, or the risks associated with varying levels of exposure at one time in combination doses. The data-gathering processes, coupled with the comparative model analysis detailed herein, are specifically calculated to establish the numerical risks for complete vaccine avoidance vs. the risk of vaccination exposure at any level. As detailed further in this description, data specific to vaccine-preventable infections that have occurred will be stratified, and those outcomes will complete our understanding of the modern risks specifically associated with contracting vaccine-preventable infections, as compared to the risks associated with preventing these infections through vaccination.

11.3 - *Data To Be Assessed*

This risk assessment of the unexposed, i.e., the entirely unvaccinated "controls", will include all temporary infectious diseases and outcomes, all chronic-noninfectious diseases, all permanent disabilities, diagnosed behavioral disorders, all brain and nervous system disorders, and all related deaths. This survey study will exclude health issues, disabilities, and/or deaths, which are the result of physically traumatic injury, whether intentional or accidental, i.e., missing or injured limbs or other body parts related to traumas. We will compare these numbers in each category of disease, disability, and death in the unvaccinated, to these same risks for any vaccine exposure, correlated for age grouping, as expressed in our published National statistics for the 99% vaccine-exposed population in the USA. The identical exclusion criteria will be used for both populations.

11.4 - *Stratification of Sub-groups*

Again, another objective of this survey study is to determine the over-all injury and death rates for the unvaccinated population who *have* specifically contracted currently "vaccine-preventable" infections, no matter the source of those infections. A subset of data will simultaneously be collected from those unexposed control subjects who have contracted "vaccine-preventable" infections, in order to establish the incidence rate of "vaccine-preventable" infections, as well as respective outcomes specific to those who've become infected. This will establish a baseline valuation of the risks associated with failing to prevent these specific infections by vaccination, as to be compared to the disease, disability, and survival rates of those who apparently suffer a lower rate of these particular infections due to vaccination. This particular evaluation is critical with regard to the many temporary infections which saw historically low injury and death rates *prior to* introduction of the vaccines intended to

prevent them.⁷⁸ This data will advance our understanding of the modern risk-to-benefit ratios of preventing these particular infections by vaccination.

11.5 - *Ethical Considerations - Prospective vs. Retrospective*

In a prospective risk assessment, the ethical justifications for injecting subjects labeled as "controls" with biologically active and toxic substances, desperately grasps at a fragile whisper of validity, even within the accepted "standards" of modern pharmacopeia. Fortunately however, these justifications and "ethical" consideration are not relevant to a retrospective observational risk assessment, which does not intervene in the health of the subjects or offer any purportedly beneficial "therapy", such as a neurotoxic aluminum adjuvants for the falsely-labelled 'controls'.

⁷⁸ Guyer, B., Freedman, M. A., Strobino, D. M., & Sondik, E. J. (2000). *Annual Summary of Vital Statistics: Trends in the Health of Americans During the 20th Century*. *PEDIATRICS*, 106(6), 1307–1317. doi:10.1542/peds.106.6.1307 sci-hub.tw/10.1542/peds.106.6.1307 <https://pediatrics.aappublications.org/content/106/6/1307>

Chapter 12

POTENTIAL CONFOUNDERS: CONSIDERATIONS & SOLUTIONS

The potentially confounding factors, relevant to the public health benefits and risks of vaccination to be established by this survey study model, are addressed below:

12.1 - *Financial Bias - Pharmaceutical Industry Influence*

The single most obvious potential source of bias eliminated by this survey study model is the exclusion of all persons having any financial ties to the pharmaceutical industry. This is a tall order given that most, if not all, medical schools and immunology-related fields of research receive financial support, either directly or indirectly, from the pharmaceutical industry.

Most of our public health agencies have similar motives and ties. For instance, the CDC owns vaccine patents and obtains regular grants in exchange for continually increasing vaccine uptake in the general population. This bias is also seen in almost all mainstream medical journals, which, as a rule, receive more than 90% of their funding from the pharmaceutical industry.⁷⁹ For health agency workers, even where not directly financial, biases can include a desire to continue defending the vaccine-related public health policies presently in place, and which have always insisted that vaccines are "safe". Relative to the potential outcomes of this particular survey study, the group that stands to lose or gain the most financially and/or in reputation, is found in the pharmaceutical industry and all of its beneficiaries. The identifiable group that maintains a similarly clear bias, are members of our public health agencies, who continually endeavor to increase their funding for vaccination programs, while continuing to conceal from public view, the fact vaccines are "unavoidably unsafe". Many of our leaders in public health agencies are also deeply entrenched in direct financial motivations as well.

Fortunately, this survey study model does not require the participation of immunologists or infectious disease experts to produce numerically-accurate statistical health data. And the medical screenings in this survey study will be produced by doctors who are more than capable of confirming health outcomes.

12.2 - *Medical Screenings & Accuracy*

Even the most astute MD's could fail to spot some existing health problems in a standard medical screening. However, the sampling of direct medical screening protocols in this survey study of the entirely unvaccinated population will likely capture more accurate and complete data on the existing health problems within our target population, than those captured and compiled in our National disease statistics. It is reasonable to expect the data used to compile our comparatives with this protocol will have a higher degree of accuracy than is found in our National statistical models. This would only skew the results as *against* better health outcomes for the entirely unvaccinated population. In this scenario, any significant numbers in the direction of better comparative health outcomes in our target population, would only increase the reliability of any numbers indicative of decreased health risks for the unvaccinated population. In other words, the methodology of this survey study will more fully expose any health problems that do exist within the entirely unvaccinated

⁷⁹ *How ghost-writing threatens the credibility of medical knowledge and medical journals*, Haematologica. 2010 Jan; 95(1): 1–2. doi: 10.3324/haematol.2009.017426, PMCID: PMC2805735 - PMID: 20065074
<https://pubmed.ncbi.nlm.nih.gov/20065074/>

population, and is less likely to produce underreported health problems than our National Statistics, which represent the 99% exposed population.

This protocol will only serve to reduce, or largely eliminate, potential confounding due to underreported health problems in the unvaccinated population. Confounding errors that result from underreported health data in our National statistics could make the 99% vaccinated population look healthier than they are. However, it is far less likely this particular survey study would produce errors that skew the picture in that same direction for the unvaccinated population. The only potentially confounding factor here, is that the 99% vaccinated population could appear to be healthier than they actually are, relative to the accuracy of the data that will be compiled for the unvaccinated population.

12.3 - **Bias: "Vaccine-Awareness" Groups & Members**

Vaccine-safety-concerned citizen groups have clear biases, but it is also objectively true that these particular types of groups and their members do not profit from vaccine sales. Logically, the unvaccinated population is primarily comprised of "anti-vaxxers" since it's difficult to *avoid* exposure to vaccines in our present climate. This is due to employment, educational, and other mandates that now exist in the USA, as well as the ubiquitous Pharma-funded slander and discrimination campaigns, specifically engineered to incite attacks against those who dare question vaccine safety. The source of this "anti-vaxxer" bias against vaccines must be examined, along with the origins of the personal attacks they've been exposed to by our mainstream media and big tech corporations.

There is a stark contradiction between the marketing slogan "safe" and the formal legal classification of vaccines as an "unavoidably unsafe" product. Concern for safety is the primary reason given by those who avoid vaccination. This is an objectively reasonable position, given that vaccines are *in fact* unavoidably unsafe. Safety concerns, and consequent abstinence, often triggers media-induced, pre-programmed attacks, name-calling, and even threats. However, allegations the "anti-vaxxer's" safety concerns are disingenuous, born out of ignorance, or are motivated by hidden and nefarious agendas, such as a secret desire to spread infectious diseases and kill people, amount to nothing more than entirely unsubstantiated propaganda campaigns, implemented by those who benefit financially from the pharmaceutical industry.

A lack of numerical risk factors with which a citizen might weigh the potential benefits against the risks, is logically disconcerting to those who are capable of understanding the difference between the words "safe" and "unsafe".⁸⁰ For some citizens, a permanent state of cognitive dissonance is not an acceptable lifestyle choice. It is apparently impossible to convince these particular citizens that routine injections with "unavoidably unsafe" drugs will improve their health. It is objectively *irrational*, ignorant, and uneducated, to believe an unavoidably *unsafe* product is "safe", particularly when the risks of that product have never been enumerated. It is only the ignorant or deceptive who call a person 'crazy' because they question the "safe" slogan of a drug that is legally classified as unavoidably unsafe.

⁸⁰ **Vaccines & Cognitive Dissonance – Inside the Pro-Vaxxer Mind** written by an obviously vaccine skeptical citizen, exemplifies the mistrust, and reasons for it. - December 26, 2015 by Joel Edwards "Along with the belief that vaccines are "safe and effective" come other beliefs. There is a belief that vaccines do not cause autism, that vaccine reactions are rare, and so on. This is what the public is told about vaccines through the mainstream media. Despite these beliefs having no basis in scientific reality, they are continually reinforced by propaganda-laden journalism. https://www.organiclifestylemagazine.com/vaccines-cognitive-dissonance-inside-the-pro-vaxxer-mind#image-13555_featured

Some vaccine-awareness groups do raise money through non-profit foundations, and some even promote and sell vitamins and herbal supplements. These types often urge people to take responsibility for their own health through better diet and habits, and discourage total reliance upon pharmaceuticals in an attempt to compensate for bad lifestyle choices. These "voices" include parents who once believed vaccines were safe, but whose own children died, or were severely and permanently injured, after vaccination. They tell their stories, over and over again, and they urge others not to make the mistake they did. These voices, and other leading voices in these "anti-vaxxer" groups, often organize rallies to fight against mandatory vaccine laws.

These groups would only stand to *lose* funding if vaccines were to be definitively proven "not worth the risk" and public health policies were accordingly adjusted. In such a scenario, there would be no reason for "anti-vaxxers" to donate to these foundations, because they would have no further purpose to serve. For these types of "anti-vaxxers", the foundations are not a business model, but rather a mission to go out of business *by solving the problem*. In sum, vaccine awareness groups do not stand to gain by vaccine sales, and they only stand to lose funding if vaccine sales were to be reduced by the public health changes they are fighting for.

12.4 - **Bias Analysis: Pharma**

The financial benefits and motives of the vaccine industry, and those who benefit from it, are profound.⁸¹ The vaccine industry is presently in an unprecedented expansion phase, and profits are poised to continue expanding exponentially, due to increasingly discriminatory laws our legislatures and public health departments press upon the citizenry to increase uptake of existing vaccines, and limit educational, career, and other opportunities for those who refuse. The new vaccine mandate laws and increasingly abusive enforcements, are generally informed and regulated according to the CDC's published vaccine schedules.

The CDC owns, and profits from, vaccine patents. In real-world effect, this for-profit, quasi-governmental agency now essentially dictates public health policies throughout the USA. It would be intentionally disingenuous to suggest these clear financial motives, hidden behind a facade of governmental authority, could possibly lead to policies which elevate public health above financial interests. Likewise, our legislative bodies are increasingly financially influenced, either directly, or indirectly, by their pharmaceutical donors and health departments, with the latter being in charge of purchasing vaccines for their states. As our legislatures sell their votes to provide more enforcement mechanisms against the public to serve the dictates of their pharmaceutical donors, the vaccine-aware public becomes more infuriated. Public protests against vaccine mandates, and the passionate outrage expressed at them, are clear signals there is a storm brewing as the public awakens to the fact the agenda behind increasing vaccine mandates, is motivated by profits rather than any genuine interest in protecting public health.

12.5 - **Bias Conclusion**

Financial interest is the most obvious motive for bias. This is why murder investigations always look first to any parties who stood to gain financially from the victim's death. The survey study model disclosed herein relies upon historical and observed health data, to be objectively collected by survey

⁸¹ "The global vaccine market is showing some escalating growth and it is expected that it will reach total revenues of nearly 60 billion U.S. dollars by 2020. That would be almost double the size the market had back in 2014." **Global vaccine market revenues 2014-2020** - Statista Published by Matej Mikulic, Aug 9, 2019
<https://www.statista.com/statistics/265102/revenues-in-the-global-vaccine-market/>

and validated for accuracy by medical professionals, also leaving no room for bias in the transparent calculations, which can be reliably duplicated. After careful analysis of the potentially competing interests of the two opposing groups relevant to this survey study, i.e., the "pro-vaxx" vs. "anti-vaxx", it is apparent vaccine awareness groups, and/or members of such groups, pose the least potential to affect health data, medical screenings, or accounting accuracy.

It is apparent that those who profit from pharmaceutical sales present the highest possible bias threat. Therefore, the primary restriction on research participation in this survey study must necessarily be applied to those who profit from, or in any way benefit from vaccine sales, either directly or indirectly. In any case, the protocols of this survey study prevent confounding by "anti-vaxxers" who could be motivated to underreport health problems, due to the medical screenings. And the accuracy analysis will be conducted by neutral parties, with full transparency of the raw data, mathematical logic, and equations used to produce risk factors.

12.6 - *Potential of Herd Immunity to Confound Health Outcomes*

Many studies indicate that the unvaccinated population has a much higher rate of "vaccine-preventable" infections than do vaccinated populations. It has been argued unvaccinated subjects enjoy protection from disease via the herd immunity of the vaccinated population, and that this has a positive effect upon the overall rates of disease and death in the unvaccinated population. Nevertheless, once the disease is contracted, its outcome (mild vs. severe or deadly) is not dependent upon the 'herd,' but only upon the state of the immune system of the individual.

It would be irrational to assume the vaccinated herd can prevent noninfectious diseases or deaths in the unvaccinated population, such as immune disorders and other chronic diseases, brain and nervous system injuries and disabilities, cancers, SIDS deaths (Sudden Infant Death Syndrome) and other related deaths. It is also well-established that subjects who've been injected with infectious agents, i.e., vaccinated, can and often do, shed/spread the infectious agents they've been injected with.⁸²

It is critical to understand whether contracting "vaccine-preventable" infections poses an over-all higher risk of injury or death than vaccination. Injury and death rates, specifically in the unvaccinated who have contracted these particular vaccine-preventable temporary infections, will add critical data relevant to the overall risk/benefit evaluation of vaccination.

12.7 - *Reporting Accuracy*

In the USA there is now broad and systematic discrimination against those who do not vaccinate themselves and/or their children, and even the risk of "medical neglect" allegations coupled with the loss of their children to foster care.⁸³ There could be a potential for biases in the unvaccinated

⁸² The article below is extremely well-referenced, containing a multitude of authoritative references, all having reached the same conclusion. SEE: ***Studies Show that Vaccinated Individuals Spread Disease. Should the Recently Vaccinated be Quarantined to Prevent Outbreaks?*** WASHINGTON, D.C. –February 2, 2015– [GlobeNewsWire] — Health officials are blaming unvaccinated children for the recent measles outbreak that started at Disneyland." Scientific evidence demonstrates that individuals vaccinated with live virus vaccines such as MMR (measles, mumps and rubella), rotavirus, chicken pox, shingles and influenza can shed the virus for many weeks or months afterwards and infect the vaccinated and unvaccinated alike.^{1,2,3,4,5,6,7,8,9,10} Furthermore, vaccine recipients can carry diseases in the back of their throat and infect others while displaying no symptoms of a disease.^{11,12,13} Article at: <https://www.westonaprice.org/studies-show-that-vaccinated-individuals-spread-disease/>

⁸³ The following *legal* study, oddly published in a "medical" journal, "***Parental Refusal of Childhood Vaccines and Medical Neglect Laws***" is engineered to arm healthcare workers with legal enforcement tools, i.e., specific mechanisms they may use to coerce and also punish parents who refuse vaccines for their children, instructing them how they may use CPS to

population, and the possibility these subjects could skew the voluntarily-reported data, in an attempt to justify their decision not to vaccinate. However, this survey study protocol requires professional medical screenings of a substantial percentage of randomly-selected survey respondents for verification, which will provide for numerical adjustments to the over-all responses, thereby correcting for potential reporting biases of this nature, should they appear.

12.8 - **Biological Plausibility**

When the association is supported by toxicological evidence that demonstrates the specific deleterious biological behavior and/or mechanisms, the risks associated with the intervention are thereby corroborated. Many of the ingredients in vaccines are known to be toxic. Some, in only trace amounts, have been used as evidence to obtain murder convictions. Altered versions of many vaccine ingredients range in formal classification from "toxic" to "moderately toxic", regardless of dosage. Additionally, common vaccine ingredients such as mercury⁸⁴, aluminum⁸⁵, formaldehyde⁸⁶,

confiscate the children and/or level criminal medical neglect charges against parents who do not purchase the products they offer. Similar vaccine "marketing" guides are more common in recent years, and may help to explain the recent increase in CPS reports against parents who refuse vaccines, and/or parents who refuse any other medical intervention offered by the retailers of these products and services. Am J Public Health. 2017 January; 107(1): 68–71. Published online 2017 January. doi: 10.2105/AJPH.2016.303500 PMID: 27854538 Eftimios Parasidis, JD, MBioethics and Douglas J. Opel, MD, MPH - <https://www.ncbi.nlm.nih.gov/pubmed/27854538>

⁸⁴ **Environmental Mercury and Its Toxic Effects** - J Prev Med Public Health. 2014 Mar; 47(2): 74–83.

Published online 2014 Mar 31. doi: 10.3961/jpmph.2014.47.2.74 - PMID: 24744824 - Kevin M. Rice, Ernest M. Walker, Jr, Miaocong Wu, Chris Gillette, and Eric R. Blough - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3988285/>

⁸⁵ "A wide range of toxic effects of aluminum (Al) have been demonstrated in plants and aquatic animals in nature, in experimental animals by several routes of exposure, and under different clinical conditions in humans. Aluminum toxicity is a major problem in agriculture, affecting perhaps as much as 40% of arable soils in the world. In fresh waters acidified by acid rain, Al (aluminum) toxicity has led to fish extinction. Aluminum is a very potent neurotoxicant. In humans with chronic renal failure on dialysis, Al causes encephalopathy, osteomalacia, and anemia. There are also reports of such effects in certain patient groups without renal failure. Subtle neurocognitive and psychomotor effects and electroencephalograph (EEG) abnormalities have been reported at plasma Al levels as low as 50 micrograms/L. Infants could be particularly susceptible to Al accumulation and toxicity, reduced renal function being one contributory cause." J Toxicol Environ Health. 1996 Aug 30;48(6):527-41. **Status and future concerns of clinical and environmental aluminum toxicology.** Flaten TP, Alfrey AC, Birchall JD, Savory J, Yokel RA. Author Info - Department of Chemistry, Norwegian University of Science and Technology, Trondheim, Norway. <https://pubmed.ncbi.nlm.nih.gov/8772797/>

⁸⁶ According to the National Institute of Environmental Health Science's evaluation of formaldehyde, as well as the **National Toxicology's 14th Report on Carcinogens**, formaldehyde is a known carcinogen - "Since that time, additional cancer studies in humans have been published, and the listing status was changed to known to be a human carcinogen in 2011." <https://www.niehs.nih.gov/health/topics/agents/formaldehyde/index.cfm>

polysorbate 80⁸⁷, propylene glycol⁸⁸, glutaraldehyde⁸⁹, tributylphosphate⁹⁰, beta-propiolactone⁹¹, etc., are known to cause both immediate and long-term physical harm when ingested, inhaled, or absorbed through the skin.

Logically, direct injection of toxic chemicals increases the "absorbed" quantity and of the dose. Toxic dosage limits for human exposure to these substances are generally based upon ingestion, inhalation, or skin contact. The dosages relevant to the cited delivery mechanisms cannot reasonably be compared to exposures by direct injection into the body. Scientific definitions of "trace" amounts, and accordingly the acceptable limits set by regulatory agencies, are generally based upon the assumption exposures will *not* be by direct injection, and that the absorption in humans will thereby be reduced by as much as, or even more than, 99%. And yet, in vaccine "science", these dosage limits are routinely conflated with the absurd assumption these biologically-available absorption rates are identical, regardless of the route of exposure.⁹²

Vaccine inserts make the claim their products have never been evaluated for potential to cause cancer or impair fertility. And yet, there is overwhelming published evidence the majority of ingredients in vaccines are mutagenic and carcinogenic neurotoxins, many of which are also specifically shown to be

⁸⁷ **Polysorbate 80 and Adverse Events**; Polysorbate 80 has been associated with a number of adverse events. In food, small concentrations of undigested polysorbate 80 may enhance bacterial translocation across intestinal epithelia, a potential explanation for an observed increase in the incidence of Crohn's disease [34]. In drug formulations, polysorbate 80 has been implicated in a number of systemic reactions (e.g., hypersensitivity, nonallergic anaphylaxis, rash) and injection- and infusion-site adverse events (ISAEs; e.g., pain, erythema, thrombophlebitis) [3, 35–37]. Polysorbate 80 has also been implicated in cases of renal and liver toxicity [38–40]. *Adv Ther.* 2018; 35(6): 754–767. **Safety of Polysorbate 80 in the Oncology Setting** Published online 2018 May 23. doi: 10.1007/s12325-018-0707-z - PMCID: PMC6015121 PMID: 29796927 - Lee S. Schwartzberg and Rudolph M. Navari - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6015121/>

⁸⁸ **According to the National Institutes of Health, NIH, Publication 93-3348 March 1993**: "In genetic toxicity studies, glutaraldehyde was mutagenic." "Glutaraldehyde is a potent sensory irritant with the capability to cross-link, or fix, proteins." "All rats and mice exposed to 5 or 16 ppm glutaraldehyde died before the end of the studies; all mice exposed to 1.6 ppm also died." <https://pubchem.ncbi.nlm.nih.gov/compound/Glutaraldehyde>

⁸⁹ According to a study published by the National Institutes of Health, **NIH Publication 93-3348 March 1993** "In genetic toxicity studies, glutaraldehyde was mutagenic with and without S9 metabolic activation in *Salmonella typhimurium* strains TA100, TA102, and TA104." also stating "Glutaraldehyde is a potent sensory irritant with the capability to cross-link, or fix, proteins." and "All rats and mice exposed to 5 or 16 ppm glutaraldehyde died before the end of the studies; all mice exposed to 1.6 ppm also died" - Frank W. Kari, PhD, Study Scientist National Toxicology Program Post Office Box 12233 Research Triangle Park, NC 27709 <https://pubchem.ncbi.nlm.nih.gov/compound/beta-Propiolactone>

⁹⁰ According to the NIH National Library of Medicine's National Center for Biotechnology Information, "Tributyl phosphate is an odorless colorless to yellow liquid. Toxic by ingestion and inhalation" <https://pubchem.ncbi.nlm.nih.gov/compound/Tributyl-phosphate>

⁹¹ According to the NIH National Library of Medicine's National Center for Biotechnology Information, "-propiolactone was used once mainly in the manufacture of acrylic acid and esters. It also was used as a sterilant for medical materials and procedures. However, it is no longer used for medical disinfection. Dermal exposure to beta-propiolactone causes the burning or blistering of the skin, and ingestion of this substance burns the mouth and stomach while exposure to its vapors causes severe irritation of the eyes, throat and respiratory tract. This substance is reasonably anticipated to be a human carcinogen." (NCI05) <https://pubchem.ncbi.nlm.nih.gov/compound/beta-Propiolactone>

⁹² **Effect of exposure routes on the relationships of lethal toxicity to rats from oral, intravenous, intraperitoneal and intramuscular routes** in *Regulatory Toxicology and Pharmacology* 73(2) · September 2015 - DOI: 10.1016/j.yrtph.2015.09.008

https://www.researchgate.net/publication/281734573_Effect_of_exposure_routes_on_the_relationships_of_lethal_toxicity_to_rats_from_oral_intravenous_intraperitoneal_and_intramuscular_routes
<https://pubmed.ncbi.nlm.nih.gov/26361856/>

capable of impairing fertility.⁹³ The claim there is no information available with which to determine whether or not the known toxins included in vaccines are capable of causing these negative health outcomes is *patently false*. And yet, the claim is routinely made, along with the false marketing slogan "safe".

Human toxicological studies using truly unexposed controls for comparison against subjects who are directly injected with these particular vaccine serums, either alone or in combination, are woefully lacking, and/or are generally suppressed, and/or are unavailable for review in instances where such research has been conducted. Once it has been decided to include a toxic ingredient in a vaccine preparation, it will fall under the "unavoidably unsafe" classification, and will therefore be shielded from scrutiny under the safety testing standards other products are normally subjected to. Vaccines enjoy freedom from liability, which also includes freedom from scientifically-sound safety testing requirements.

Adjuvants, which are designed to "trigger" an immune response and thereby cause permanent alterations to the immune system, are also a particular source of concern.⁹⁴ It is understood that adjuvants do trigger the immune system. However, the exact mechanisms are not well understood, and the long-term and cumulative health consequences of this vaccine-induced triggering have never been evaluated.⁹⁵

12.9 - *Temporal Association*

The ultimate criteria under the Bradford Hill standard is the actual "experiment" which answers the question "Does the group that lacks the exposure exhibit a different outcome?" Because this survey study accumulates only the observed disease, disability, and death rates in those with no exposure to vaccines at all, i.e., *true* controls, by design, we have eliminated vaccines as a possible, or temporal cause of disease, disability, or death, in this particular population. Still, there is the potential some subjects who were vaccinated, will report themselves as entirely unvaccinated. Reporting accuracy will be assured through the medical screening of a substantial representative sampling of the survey respondents, which will include a review of medical records and all available vaccination records.

⁹³ **Adolescent Premature Ovarian Insufficiency Following Human Papillomavirus Vaccination** - J Investig Med High Impact Case Rep. 2014 Oct-Dec; 2(4): 2324709614556129. Published online 2014 Oct 28.

doi: 10.1177/2324709614556129 - PMCID: PMC4528880 PMID: 26425627 - A Case Series Seen in General Practice, Deirdre Therese Little, MBBS, DRANZCOG, FACRRM and Harvey Rodrick Grenville Ward, Bsc(Med), MBChB, DMCOG, FCOG(SA), MMed (O&G), FRANZCOG <https://pubmed.ncbi.nlm.nih.gov/26425627/>

⁹⁴ "The panel concluded that adjuvants (e.g., complete Freund's) are important in the development of autoimmune disease. Expert Panel Workshop Consensus Statement on the Role of the Environment in the Development of Autoimmune Disease, Int J Mol Sci . 2014 Aug; 15(8): 14269–14297. Published online 2014 Aug 15. doi: 10.3390/ijms150814269, [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4159850/?log\\$=activity](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4159850/?log$=activity)

⁹⁵ **Mechanisms of Action of Adjuvants** Frontiers in Immunology Front Immunol. 2013; 4: 114. Published online 2013 May 16. Prepublished online 2013 Apr 14. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3655441/>

Chapter 13

SURVEY STUDY PRECISION & VALIDITY

This survey study is designed to produce reliable and imperative public health data by strict adherence to the following protocols:

13.1- *The Scientific Method Requires True Controls*

The single most imperative and foundational scientific method required when testing substances for toxicity and risk, is the use of true controls as a baseline for comparison against exposure to the substance or intervention in question. In an epidemiological study, perfect controls, i.e., entirely unexposed, are not always available for study, and/or they may be difficult to identify and recruit. Fortunately, there are approximately 830K true "controls" in the USA who've never been exposed to vaccines. As outlined further in the recruitment section, the health data for these subjects is accessible. Vaccines are the only point of discovery for this survey study, and our goal is quite clear, i.e., quantify the overall rates of disease, disability, and death, in all age groups, for entirely unvaccinated controls for comparison against a 99% vaccinated population.

Because approximately 99% of the American population has been exposed to vaccination ⁹⁶, our National disease, disability, and death rates are a more than fair barometer of the disease, disability, and deaths rates of our vaccinated "herd", at any level of exposure. It is understood the levels of exposure may vary greatly between individuals. However, this one factor, i.e., exposure to at least some level of vaccination, is shared by over 99% of the population in the USA. The elimination of only this one factor is the only logical course, given the scope of exposures in the USA, and our current catastrophic rates of immune-related injuries, diseases, disabilities, and deaths.

13.2 - *Cross-Sectional Comparison Sources*

All statistical data relevant to the average disease, disability, and death rates of the 99% exposed population in the USA for comparisons will be gathered from the most up-to-date, reliable, and authoritative government and other authoritative sources. All data sources will be properly referenced and cited.

13.3 - *Sampling Rate*

At a minimum 1% and up to 2%, (a minimum 30,000 surveyed households) this robustly redundant sampling-rate as representative of the entirely unexposed controls in the USA, will be unprecedented in scope and significance. This method will supply definitive answers by providing a confidence level well above 99%. In the final statistical analysis, the reliability-rating of the data provided from this expansive survey study will supply numerically-concise, reliable, and accurate over-all disease, disability, and death values for those with a total lack of vaccination, as compared to any exposure at all.

13.4 - *Varietal Geographic Dispersion*

To the greatest extent possible, this survey study will evenly collect health data from subjects in all 50 states, based upon their respective populations and a relevant percentage thereof. Nationwide

⁹⁶ Less than one percent of children have had no vaccines of any kind. Hill, Holly et al. 2016. "Vaccination Coverage Among Children Aged 19–35 Months—United States, 2015." *Morbidity and Mortality Weekly Report* - 65(39):1065–71. <https://www.cdc.gov/mmwr/volumes/65/wr/mm6539a4.htm>.

coverage eliminates regional or geographic confounders. These methods assure the highest possible reliability, while eliminating the relevance of selection-bias confounding. This broad geographic diversity and evenly-distributed sampling will inherently eliminate almost all other potential confounders related to the raw data collection process.

13.5 -Accuracy of Reporting Screening

A 2% or greater random-sampling from our survey study group for screening and verification by medical professionals, will produce average accuracy-of-reporting values by which numerical adjustments can be made to the overall survey results. This additional step further assures the numerical accuracy and reliability of this survey study.

13.6 - Miscellaneous Potential Confounding Factors Addressed ⁹⁷

The purpose of the survey study is national security precision, so the survey study will not indulge anyone's pet theories for confounding factors (i.e., gender confusion, Atkins diets), but rather the survey study will address vaccination status directly and squarely without distraction into miscellaneous theories.

Moreover, social-justice focused 'confounders' would be irrelevant, and/or have been addressed and eliminated by the design of this survey study. The protective value of the "herd immunity" theory is entirely irrelevant to the incidence of noninfectious disease, disability, and deaths, in the unvaccinated population. Many authoritative studies have also shown that the unvaccinated population contracts "vaccine-preventable" infections at a much higher rate than the vaccinated population, and these numbers can be further corroborated by this survey study. It is also well-established that the vaccinated population often asymptotically sheds the infectious diseases they were injected with, which defeats the argument the unvaccinated population has enjoyed any superior health outcomes due to the sacrifices of the vaccinated herd.

The injuries and deaths attributable to all causes in the unvaccinated population will definitively expose whether the entirely unvaccinated suffer over-all greater, or lesser, disease, disability, and death rates than the vaccine-exposed population. The stratified subsets will account for the outcomes in the subjects who have a 100% rate of having contracted "vaccine preventable" infections, according to each infection. Separation and classifications of those subjects who have contracted these particular infections, and numerical valuations of the resulting effects thereof, will perfect our knowledge base relative to the benefits and risks of preventing these particular infections by vaccination.

13.7 - Actuary Analysis

After completion of the data-collection phase, an actuary analysis of the totals, for all age groups, and all classes of diseases, disabilities and deaths, will be conducted in a thorough mathematical analysis of the comparative values in each category of risk assessment. These statistical experts will not have a pharmaceutical bias of any kind, leaving this phase of analysis purely to logical numerical equations, entirely free from potential bias as to the results. This will assure these values are accurate and fully able to be duplicated.

13.8 - Strength of Association

The larger the relative risk or odds ratio, the less likely the association can be attributed to unidentified confounding or bias. The excessive representative sampling rate of this survey study will produce

⁹⁷ See Chapter 14 - Confounders Addressed

irrefutably accurate, easily duplicated, and reliable data. With a panel of qualified actuaries assuring the accuracy and validity of the numerical equations, leaving no question as to the ability of others to duplicate these comparative values, the over-all risk-to-benefit ratios will thereby be established. This process will definitively expose the relevant ratios.

13.9 - *Consistency*

The final phase of this survey study will include the collection and analysis of all available research projects which have studied health outcomes for entirely unvaccinated controls for comparison against the health outcomes of vaccinated subjects. Standing alone, these types of independent studies have been soundly criticized, primarily by those who profit from the pharmaceutical industry, for a lack of statistical significance and/or confounding factors that may not have been properly eliminated or accounted for. However small or limited these independent studies may have been, by collating the relevant portions thereof, they may offer additional corroboration, and/or better refine, portions of the results of the survey study disclosed herein. This additional effort will add data to further support, and/or correct and inform, the analysis of the results this survey study produces.

13.10 - *Specificity*

A recognized cause or exposure leads to a specific effect. We do know, without doubt, that vaccines are designed to, and do, trigger the human immune system for the purpose of permanently altering that system. We also know the potential long-term negative effects of this specific activity have never been evaluated and/or are poorly understood. Other environmental factors (besides vaccination) are also capable of triggering the immune system, such as exposure to almost any toxin or infectious agent. Our specific focus on the health outcomes of those who are entirely unexposed to vaccination, eliminates vaccines as a potential cause of the diseases, disabilities, and deaths found in this population. These maladies, when found in the unexposed population, will clearly not be due to vaccine exposure. Therefore, the variance in the outcomes between unexposed and the exposed will dramatically narrow the field of unknowns in evaluating the risk-to-benefit ratio of vaccination vs. total abstinence.

13.11 - *Dose–Response Relationship*

A causal interpretation is more plausible when a dose gradient with the particular substance has already been demonstrated (e.g., higher risk is associated with larger exposures). Most of the known toxins listed as standard ingredients in vaccines are claimed by industry experts to be in "trace" amounts, which are consequently characterized as "safe". However, most of these known toxins have been independently verified to carry certain risks associated with larger, and/or repeated exposures. The cumulative effects of vaccination have never been evaluated. Likewise, the synergistic effects of simultaneous and increased exposures to the toxins included in vaccines have never been evaluated in any toxicological studies using true controls for comparison. The causative effects are obviously biologically plausible, and this is the reason vaccines are formally classified as "unavoidably unsafe" under American law (see e.g., 42 U. S. C. §300aa–22(b)(1)).

This survey study will provide valuable data relative to the overall risks associated with vaccination, and/or the risks associated with total abstinence, for evaluation against the claimed benefits of vaccination.

13.12 - ***Reversibility or Preventability***

When an observed association leads to some preventive action, and removal of the possible cause leads to a reduction of disease or risk of disease, causation can thereby be established. Entirely unvaccinated control subjects have specifically removed this one potential cause of diseases, disabilities, and deaths, suffered by this particular population. It is imperative to understand whether a lack of vaccination in the stratified subset, i.e., those with a 100% rate of having contracted vaccine-preventable temporary infections, leads to a higher, or lower, overall rate of disease, disability, and death. If a lack of vaccination leads to an over-all higher rate of diseases, disabilities, and deaths, our survey study is designed to identify and quantify the risks of vaccine avoidance, to whatever extent they exist. Conversely, if vaccine exposure, at any level, increases the overall risk of diseases, disabilities, and deaths, even as compared against the unvaccinated population who *have* specifically contracted these particular vaccine-preventable infections, we will understand the extent to which vaccines may not be "worth the risk". In either scenario, our survey study will provide this vital data with which to quantify these risk-to-benefit ratios numerically.

Chapter 14

CONFOUNDERS ADDRESSED

14.1 - *Irrelevance of Behavioral Propensity Scoring in This Survey Study*

There is no evidence the vaccinated population is any *less* concerned with protecting their health in other ways, than is the entirely unvaccinated population. Vaccinated people are obviously under the impression vaccines are safe and good for them, and will improve their health. Similarly, health concerns are the most common explanation for vaccine avoidance, and there is no evidence entirely unvaccinated are any less concerned with their health than the vaccinated population. Therefore factors such as diet, exercise, avoidance of other toxins, and other potentially deleterious and/or beneficial behaviors, are irrelevant to this survey study.

The only relevant behavioral factor in this survey study is the total avoidance of vaccination vs. the 99% exposed "herd" for statistical comparison of health outcomes. Unlike the studies which focus solely on the reasons for vaccination avoidance, i.e., inequality, belief systems, etc., this survey study is one of hard physical science, i.e., the actual health outcomes and relevant mathematical statistics, and does not attempt to understand or quantify subjective, nebulously-theoretical, or psychological factors.

14.2 - *Irrelevance of Belief Systems*

Belief systems relevant to vaccination do affect whether or not individuals will chose to vaccinate. However, there is no evidence these belief systems, standing alone, will alter observable health outcomes between vaccinated and unvaccinated populations. Obviously, the vaccinated population trusts vaccines, unless they've witnessed a vaccine injury and are aware that a vaccine cause it. Due to the many Pharma-funded campaigns which utilize patently false slogans such as "safe", it is apparent the majority of the 99% vaccinated herd are most likely under the false impression it's *implausible* vaccines are even capable of causing injuries, let alone death. If they knew the truth, most would likely avoid vaccines. It is illogical to assume vaccinated subjects are any less, or more, concerned with their health than entirely unvaccinated.

14.3 - *Analysis of Belief Systems on Biological Outcomes*

Logically, we do not expect any significant differences in health outcomes which can be attributed to a propensity for variances in health-related habits or other preventative lifestyle measures between the exposed and unexposed populations. Beliefs, or awareness about vaccination, which affect the decision whether to vaccinate, ultimately have no bearing upon the objectively observable health outcomes between these two populations.

14.4 - *Payments for Participation*

In order to encourage participation, respondents will receive \$100 USD for each survey respondent responsible for reporting, and \$50 for each individual survey sheet completed for each family member reported on. This method insures all unvaccinated family members present in the household will most likely be surveyed.

14.5 - *Payments for Screening*

A \$1,000 USD incentive for the reporting party, plus \$250 for each family member or child screened, will be paid upon completion of medical screenings. This benefit increases the likelihood the vast majority of subjects randomly selected for screening will participate in this phase.

14.6 - *Efficiency & Irrelevant Covariates*

Items such as income, profession, race, etc., will only reduce efficiency of this survey study. Although there are many potential causes for diseases and deaths, other than vaccination or a lack thereof, this survey study does not seek to make those determinations.

Chapter 15

TARGET POPULATION FOR RAW DATA COLLECTION

RANDOMIZATION FEASIBILITY & RELEVANCE

15.1 - *Feasibility of Recruitment by phone*

The entirely unvaccinated population in the USA is comprised of less than 1% of the total population, and is relatively evenly distributed throughout the States, although some States have higher concentrations than others. Several studies of note have been conducted to understand "vaccine hesitancy" in the population.^{98 99} "Safety" is the number one issue raised. These same studies have repeatedly identified "anti-vaxxers" as tending to be higher income, and highly educated, i.e., *literate* and therefore capable of reading and comprehending the contents of a vaccine insert, including the toxic ingredients lists and warnings, which also explain that vaccines have never been evaluated for long-term effects.¹⁰⁰ The fact vaccines contain known toxins, intended for direct injection, is clearly concerning to the "vaccine-hesitant". The following prohibitive factors narrow the field of reasonable methods for locating, identifying, and recruiting, entirely unvaccinated subjects by random computer-generated phone numbers:

(a) The chance of locating a qualified participant is already less than 1 completed call per 400 completed attempts to contact a subject that is entirely unvaccinated, and/or who has entirely unvaccinated children. This process is further complicated by the fact many qualified parties who may ultimately be contacted, will refuse to disclose vaccination status to a complete stranger, due to:

(1) increasingly discriminatory laws, policies and regulations regarding vaccination;

(2) threats of possible "medical neglect" allegations against parents of unvaccinated children, and;

⁹⁸ **Factors related to vaccine hesitancy during the implementation of Measles-Rubella campaign 2017 in rural Puducherry-A mixed-method study** J Family Med Prim Care. 2019 Dec; 8(12): 3962–3970. - Published online 2019 Dec 10. doi: 10.4103/jfmpc.jfmpc_790_19 - PMCID: PMC6924217 - PMID: 31879644
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6924217/>

⁹⁹ **A Mixed Methods Study of Parental Vaccine Decision Making and Parent-Provider Trust** - Acad Pediatr. Author manuscript; available in PMC 2014 Sep 1. - Published in final edited form as: - Acad Pediatr. 2013 Sep-Oct; 13(5): 481–488. - doi: 10.1016/j.acap.2013.05.030 - PMCID: PMC3767928 - NIHMSID: NIHMS485770 - PMID: 24011751
Jason M. Glanz, PhD, Nicole M. Wagner, MPH, Komal J. Narwaney, PhD, Jo Ann Shoup, MS, MSW, David L. McClure, PhD, Emily V. McCormick, MPH, and Matthew F. Daley, MD <https://pubmed.ncbi.nlm.nih.gov/24011751/>

¹⁰⁰ **Children Who Have Received No Vaccines: Who Are They and Where Do They Live?** Philip J. Smith, Susan Y. Chu and Lawrence E. Barker Pediatrics July 2004, 114 (1) 187-195; DOI: <https://doi.org/10.1542/peds.114.1.187>
"Unvaccinated children tended to be white, to have a mother who was married and had a college degree, to live in a household with an annual income exceeding \$75 000, and to have parents who expressed concerns regarding the safety of vaccines and indicated that medical doctors have little influence over vaccination decisions for their children. The largest numbers of unvaccinated children lived in counties in California, Illinois, New York, Washington, Pennsylvania, Texas, Oklahoma, Colorado, Utah, and Michigan." <https://pubmed.ncbi.nlm.nih.gov/15231927/>

(3) media and political attacks, leading to personal attacks and other abuses, unvaccinated subjects are likely to be fearful of a complete stranger calling to ask if they, or their children, are unvaccinated.^{101 102}

Of those few calls out of hundreds, or perhaps even thousands, that do connect to a qualified party, it is likely many, or most of them, will reasonably refuse to disclose their family's vaccination status and hang up, out of fear their family is potentially being targeted for coerced medical procedures they know to be unavoidably unsafe.

15.2 - *Where Do "Anti-Vaxxers" Congregate?*

Due to the outright refusal of our public health agencies to apply the most fundamental scientific method required to *enumerate* the risks associated with vaccine-exposure, many people are concerned, and seeking out the facts on their own. Advancing access to reliable scientific knowledge related to vaccination risks, (i.e., scientifically valid risk data) is a common goal within vaccine safety activist groups. A frequent question heard within the anti-vaxxer community is "Where are the safety studies using true controls?" Also common, are expressions of frustration at the blatant aversion the pharma/medical industry has to ever conducting any scientifically-meaningful safety studies.¹⁰³

A practical method of locating and recruiting qualified subjects, is to communicate with groups where "anti-vaxxers" are known to be in higher numbers i.e., holistic doctor offices, Waldorf schools, Amish communities, vaccine awareness events, and organizations.

For example, vaccine-safety-awareness, and "vaccine-safety-concerned-citizen" groups connect with, and support one another and share research online, etc. Holistic doctors also have newsletters that reach many unvaccinated patients to educate regarding vaccine science. Publicizing the intended purpose of this survey study, i.e., to establish scientifically accurate numerical risk factors associated with vaccination, will likely bring interest, trust, and therefore much voluntary participation, due to the fact these are the individuals most *urgently* seeking to increase the volume of, and access to, relevant scientific vaccine risk data. Since they know serious injuries and even death are potential side effects, these are the people who want most to see these odds expressed *in numbers*. Primarily, it's the shared data related to vaccine dangers, fears of increasing vaccine mandates and/or related political activities, that brings this particular community together.

Although many vaccine-concerned people are concentrated in Jewish, Christian, and many other religious organizations, not all who belong to these religious groups avoid vaccination. And not all unvaccinated have religious affiliations. The most obvious common bond across all other diversity

¹⁰¹ Bernie Sanders, primary candidate for the Presidential race in 2016, and now in 2020, stated that unvaccinated children could "kill" other children. <https://www.sanders.senate.gov/newsroom/newswatch/020415>

¹⁰² Washington Post - By Michael E. Miller Reporter, March 18, 2016 at 5:22 a.m. PDT "A toddler got meningitis. His anti-vac parents gave him an herbal remedy. The toddler died. Now his parents are on trial"

¹⁰³ The following research article "**Looking Beyond Safety Concerns**" represents a wide area of recent pharmaceutically-funded efforts to characterize all safety concerns as irrational and thereby dismiss them without examination. These assessments argue against addressing growing public safety concerns, and instead offer myriad strategies for avoiding and obfuscating safety-related issues altogether, so they remain unaddressed indefinitely, the goal being to assure safety issues do not hinder the expansion of vaccine sales. **Assessments of global drivers of vaccine hesitancy in 2014 - Looking beyond safety concerns** - PLOS ONE - Melanie Marti, Monica de Cola, Noni E. MacDonald, Laure Dumolard, Philippe Duclos, Published: March 1, 2017 <https://doi.org/10.1371/journal.pone.0172310>

factors appears to be a common desire to share and expand scientific knowledge relevant to vaccination, and to maintain the freedom to refuse "unavoidably unsafe" medical interventions.

15.3 - *The Most Practical & Effective Recruitment Methods*

Various social media opportunities exist here, as well as specifically-targeted online promotions that will reach this particular population. Many holistic doctors and vaccine awareness groups have a large online presence and reach, specific to the vaccine-aware, and are therefore more likely to be entirely unvaccinated subjects, and attract a similar following. Endorsements, advertisements, and sponsorships of these online venues will likely produce a good response rate.

15.4 - *Balanced Incentives*

The reasonable, but not excessive, payments for participation will further reduce participation biases. The projected inconvenience of participation is balanced against the reward of \$100 for the reporting party, and \$50 for each family member reported on. For those who are randomly selected for additional medical screening, the reward of \$1,000 for the responsible reporter, and \$250 per household member who completes the screening, is large enough to ameliorate hesitance based upon fears the results may not match the voluntary survey responses. This factor, to whatever extent it exists, will also be eliminated by informing this selected group their survey responses will not be matched to their particular identity in the medical screenings.

Chapter 16

SCOPE OF IMPLICATIONS & POTENTIAL IMPACTS OF THIS SURVEY STUDY

16.1 - *The Wealthiest Nation*

The richest Nation in the world should be healthy, but America is now one of the unhealthiest in the world, unless you count the ones Bill Gates and the WHO have been spending a great deal of money in lately. This wealth has led to the USA being the single most profitable target for the pharma/medical complex. The only Nations with similar rates of health and intellectual decline, are the ones with similar vaccine exposure-levels. The collapse of our Nation is clearly the agenda of our enemies.

16.2 - *How Long Do We Have?*

Nobody knows for certain exactly how long we have on our current trajectory before we are past the point of no return. However, according to MIT scholar Stephanie Seneff, with just 5 years more on our present course, 50% of our next generation of children will be suffering from the form of brain damage hidden behind the word "Autism", which is increasingly understood to be an immune disorder resulting in chronic brain inflammation.^{104 105 106}

Exact trajectories and timeframes on all factors combined, are difficult to ascertain at this time, due to the growing tendency of our health agencies' to obscure imperative and relevant health data by stratifying it into entirely irrelevant "inequality" elements, in furtherance of communist political agendas. These obfuscations have the collective effect of hiding the banana in the picture, or in this case, camouflaging the elephant in the room, i.e., the most obvious culprit and its most devastating recent effects.

¹⁰⁴ **A Frightening Trend** - Stephanie Seneff MIT CSAIL June 5, 2014 -

This research paper attempts to blame "RoundUp" and other environmental toxins for all brain damage, which is most likely why this paper was not better censored and even saw the light of day. So long as the research doesn't attempt to blame *vaccines* for brain damage, (a side-effect that is listed in the vaccine inserts) and in particular if it appears to blame something *other than* vaccines, and so long as "Autism" is not *referred to* as brain damage, related research papers have a chance of being published and even avoiding some of the big tech censorship.

http://people.csail.mit.edu/seneff/glyphosate/Groton_Seneff.pdf - Also ref @:

<https://www.psychologytoday.com/us/blog/inspectrum/201409/autism-apocalypse-2025>

¹⁰⁵ **The MMR Vaccine Contains the Highest Concentration of "RoundUp" Glyphosate:**

Although it's unlisted, Monsanto's "RoundUp" glyphosate is *also* an ingredient in all vaccines tested to date, with the MMR having the highest concentrations. SEE: **Glyphosate in Vaccines Report** - September 5, 2016 by Zen Honeycutt Comments or input by D.Huber. S.Seneff, H.Vlieger, and T.Bark. Widespread Contamination of Glyphosate - Tests for Glyphosate in Childhood Vaccines Positive -

[https://d3n8a8pro7vhmx.cloudfront.net/yesmaam/pages/1707/attachments/original/1473130173/FullGlyphosateinVaccinesReport_\(6\).pdf?1473130173](https://d3n8a8pro7vhmx.cloudfront.net/yesmaam/pages/1707/attachments/original/1473130173/FullGlyphosateinVaccinesReport_(6).pdf?1473130173)

¹⁰⁶ Dr. Toni Bark MD MHEM LEED AP states: "I am deeply concerned about injecting glyphosate, a known pesticide, directly into children. Neither roundup nor glyphosate has been tested for safety as an injectable. Injection is a very different route of entry than oral route. Injected toxins, even in minute doses can have profound effects on the organs and the different systems of the body. In addition, injecting a chemical along with an adjuvant or live virus, can induce severe allergic reactions to that substance as vaccines induce the immune system to create antibodies to whatever is included in the vaccine. Since glyphosate is heavily used in corn, soy, wheat, cotton, and other commodities, we can expect to see more severe food allergies in the vaccine recipients. In addition, chemicals in ultra-low doses, can have powerful effects on physiology behaving almost as hormones, stimulating or suppressing physiological receptors."

[https://d3n8a8pro7vhmx.cloudfront.net/yesmaam/pages/1707/attachments/original/1473130173/FullGlyphosateinVaccinesReport_\(6\).pdf?1473130173](https://d3n8a8pro7vhmx.cloudfront.net/yesmaam/pages/1707/attachments/original/1473130173/FullGlyphosateinVaccinesReport_(6).pdf?1473130173)

16.3 - ***Reliance on the problem for the solution?***

Reliance on pharmaceutical solutions to heal this Nation's people, or turning to Pharma for salvation from this particular crisis, would be nothing short of a suicidal error. They are not gods. And only fools and demons worship them by making human sacrifices at their temples.

16.4 - ***Time For An Accounting***

The urgency of this survey study cannot possibly be overstated. *It's time to count the bodies.* The definitive data this survey study model will provide, could well be the one thing that snatches this Nation and its people from the jaws of this beast. We can do this with logic, critical thinking, and the fundamental scientific method that the pharma/medical industry, for obvious reasons, refuses to apply here.

They don't want us digging up the dead bodies *and counting them.* In this instance, the evidence, or the number of "bodies", are exposed in the comparisons against the outcomes observed in the entirely unexposed controls, which Pharma and the WHO are desperate to eliminate *so that* comparisons to the health of their vaccinated "herd" cannot be properly made. Eliminating the controls is their method of hiding this mounting evidence. The damage must be stopped. And only after it is stopped, can we begin to heal in earnest.

16.5 - ***We CAN Turn This Around***

There are many promising research projects showing substantial successes in reversal of many immune system disorders, and the most promising ones are generally the least expensive, only requiring commonly-available and very safe substances. However, these solutions are currently suppressed by those who profit greatly from selling expensive, ineffective, and dangerous treatments for the *symptoms*, rather than the actual cures.^{107 108}

16.6 - ***This Storm is Making Landfall. On Which Shore?***

The outrage within the American population is rising fast, and the fact that Pharma is largely responsible, is *impossible* to hide from the majority much longer. These injuries affect so many, the average American is now accustomed to seeing at least one profoundly brain injured child on an average outing to shop or visit a park.

A growing number of Americans are directly and profoundly affected, and many have decided not to vaccinate their additional children after witnessing their 1st, or even 1st *and* 2nd children, become maimed, diseased, or even die after vaccination. These brain damaged children and young adults do not look as though they were *born* this way, and very few of them were. However, the increasing exposures during pregnancy, and immediately after birth, are now serving to blur these lines as well, further obfuscating the picture, which now appears to be the actual *objective* in pushing pregnant women to get vaccinated.

16.7 - ***The Correct Target For Landfall***

As the damage increases, the vaccine stories surrounding these injuries and deaths reach closer and more personally into the lives of all Americans. This growing storm must find a place to make landfall.

¹⁰⁷ ***Cutting-Edge Therapies for Autism, Fourth Edition*** - By Ken Siri, Tony Lyons

<https://fliphtml5.com/lnym/sinm/basic/551-596>

¹⁰⁸ **HEALING THE SYMPTOMS KNOWN AS AUTISM 2ND EDITION** - Published by E-COF: HIGH DENSITY MOBILE FILING SYSTEM, 2017-10-19 20:13:49 <https://fliphtml5.com/lnym/sinm/basic/551-596>

It can, and should, land directly on the shores of the industry that caused the damage, rather than on the taxpayers, i.e., our Federal Government.

An appropriate action under National Security and Public Health emergency powers, should include a suspension of the NCVIA. By necessity, a battle with the pharma-controlled legislature must ensue in order to make this change permanent.

The *correct* location for the fully-justified outrage must be made available to the people. If the final published results of this survey study only *further* confirm that vaccines are the primary culprit in our Nation's current health crisis, our National Security interests are best served by rightly directing public outrage to the actual culprits who benefited from our demise, rather than heaping it on our government.

If an emergency suspension of the National Childhood Vaccine Injury Act, the "NCVIA", were to simultaneously include the freezing of certain assets, the public outrage could be effectively and appropriately focused on those that injured and crippled them, *rather than* on the U.S. Federal Government and its agencies. If the chains of the NCVIA were removed from the people of this Nation, the people would, over a fairly short amount of time, devour the specific industry that maimed and killed so many of them, thereby crippling this enemy of our Nation.

16.8 - *Extreme Urgency*

The urgency at this particular time in history cannot possibly be overstated because it is now severely exacerbated by the "warp speed" rollout of the new CV-19 vaccines, many of which are *specifically engineered* to alter human DNA. At a time when the country has been destroying lives and the economy with lockdowns and mandating masks to "prevent transmission and infection" Moderna's chief medical officer, Tal Zaks says "....our trial will not demonstrate prevention of transmission." Nor does it make any claims about *preventing infection*. In fact, an active infection is the intention with this vaccine. As for the test results, Zaks states that, "They do not show that they prevent you from potentially carrying this virus transiently and infecting others." Zaks also says, "I think it's important that we don't change behavior solely on the basis of vaccination."

In spite of these facts, big businesses and left-leaning state governors are collaborating and gearing up to deny Americans access to normal activities, and even to deny them access to services and supplies essential to survival, if we're not in possession of a "CV-19 Passport" or certificate-of-vaccination.¹⁰⁹

The CV-19 vaccines are not designed to, nor expected to, prevention transmission or infection. In what is touted as the most "promising" Covid-19 vaccine, Moderna reports that 80% of Phase 1 participants receiving the 100 microgram (mcg) dose developed systemic side effects. Moderna states that 2 doses are required. After the second dose, 100% of the test subjects reported side effects ranging from fatigue (80%), chills (80%), headache (60%) and myalgia or muscle pain (53%).¹¹⁰

¹⁰⁹ See: <https://www.msn.com/en-us/health/medical/modernas-chief-medical-officer-says-that-vaccine-trial-results-only-show-that-they-prevent-people-from-getting-severely-sick-%E2%80%94-not-necessarily-that-recipients-wont-still-be-able-to-transmit-the-virus/ar-BB1bilL8>

¹⁰⁹ See: <https://www.nejm.org/doi/full/10.1056/NEJMoa2022483>

It is widely reported that 80% of younger people who test positive for CV-19 never have any symptoms, i.e., they never get sick.¹¹¹ According the vaccine-makers these CV-19 vaccine trials are being conducted on *young healthy people*, 80 to 100% of whom, experience negative side-effects from the vaccine. If naturally exposed, 80% in this age group will have no sickness at all, which indicates their immune systems have warded off an infection serious enough to cause symptoms. It appears *none* of those who receive the second dose of the vaccine are *able* to manage this.

As one of the early test subjects states, "....people are going to have to toughen up," the volunteer told CNBC. "The first dose is no big deal. And then the second dose will definitely put you down for the day for sure. ... You will need to take a day off after the second dose." ¹¹²

So this experimental vaccine that does not prevent transmission *or* infection, but instead, actually causes an infection, and is sure to cause sickness, due to the infection that's caused by injecting it. But this apparently provides a "compelling government interest" in eliminating the citizen's rights, and is being seized upon for just this purpose before the 1st vaccine has even hit the market.

At this time, the government's urgent "plan" is to infect as many people as possible by direct injection, with a 100% certainty of contracting the infection and thereby increase transmission. But this is the same infection we were told is *so* bad, that we have to close down our economy, end all social contact, mask up, and even starve to death if need be, to prevent its "transmission" because we are supposed to avoid the very same "infection" that these injections are SURE to cause, while *increasing* the level of sickness that the infection would've caused if it were *naturally acquired*. Color me, and anyone who knows any of the facts surrounding this absurdity, cornfused;-)

Joy Garner

BIAS DISCLOSURES: The bias apparent in this report is clear. It is the consequence of reviewing very strong evidence that vaccines are the primary cause of the catastrophically swelling epidemic of immune disorders, and the consequent disabilities and deadly diseases, in America today. ¹¹³ And this very strong evidence is the reason for the subject of inquiry in this survey study model. The author has no financial or other conflicts of interest. The only potential biases related to this survey study or any participant thereof, are: (1) the logical conclusion it is incongruent to legally classify a product as "unavoidably unsafe" and yet market it using the slogan "safe", and; (2) an awareness of the fact vaccines have yet to be statistically evaluated to numerically quantify either for the short-term, or long-term risks, relative to the claimed benefits, and; (3) concerns about the known toxins included in vaccines being directly injected, and; (4) an aversion to invasive and unavoidably unsafe medical interventions which lack scientifically-derived numerical risk-to-benefit ratio evaluations, particularly when a person is not suffering from any known medical condition that *needs* treatment.

¹¹¹ **80% of people in this age group are asymptomatic** - <https://www.msn.com/en-us/health/medical/80-percent-of-people-in-this-age-group-are-asymptomatic/ar-BB15zLMB>

¹¹² <https://bestlifeonline.com/covid-vaccine-second-dose/>

¹¹³ Please refer to the "Four Facts" in Chapter 2, sec 2.1 of this report.