GlobalResearch
Center for Research on Globalization

The 21 Curious Questions We're Never Allowed to Ask About Vaccines

By Mike Adams

Theme: Science and Medicine
Global Research, February 02, 2015
Natural News 1 February 2015

The surest sign of a medical dictatorship is an aggressively enforced blockade against intelligent questions. Intelligent questions, after all, can destroy a medical police state because they expose the fraud of it.

Intelligent questions — which the vaccine industry characterizes as "dangerous" — are the greatest threat to the vaccine delusions still being played out across the world today, which is precisely why such questions are not allowed to be asked. Those daring to ask such questions are now being threatened with mass arrest and imprisonment — that's how vulnerable the fraudulent vaccine industry has now become. It can be brought down by mere words if only those words are allowed to be circulated.

What sort of questions are we not allowed to ask? Here are 21 censored questions the obedient, pharma-controlled mainstream media will never dare ask:

Question #1) If measles vaccines confer measles immunity, then why do already-vaccinated children have anything to fear from a measles outbreak?

Question #2) If vaccines work so well, then why did Merck virologists file a False Claims Act with the U.S. government, describing the astonishing scientific fraud of how Merck faked its vaccine results to trick the FDA?

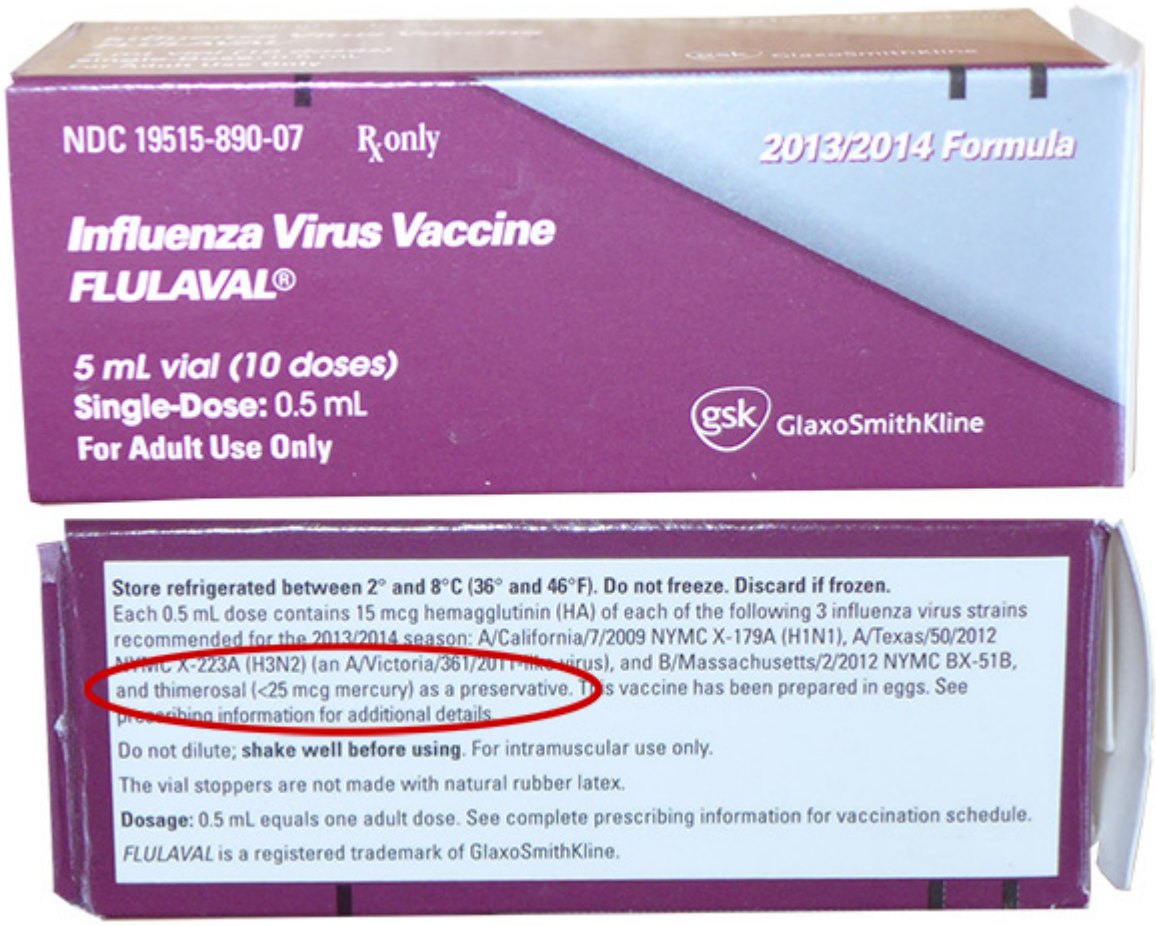
Question #3) If vaccines don't have any links to autism, then why did a top CDC scientist openly confess to the CDC committing scientific fraud by selectively omitting clinical trial data after the fact in order to obscure an existing link between vaccines and autism?

His exact statement, published on the website of his legal counsel:

My name is William Thompson. I am a Senior Scientist with the Centers for Disease Control and Prevention, where I have worked since 1998. I regret that my coauthors and I omitted statistically significant information in our 2004 article published in the journal Pediatrics. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism. Decisions were made regarding which findings to report after the data were collected, and I believe that the final study protocol was not followed.

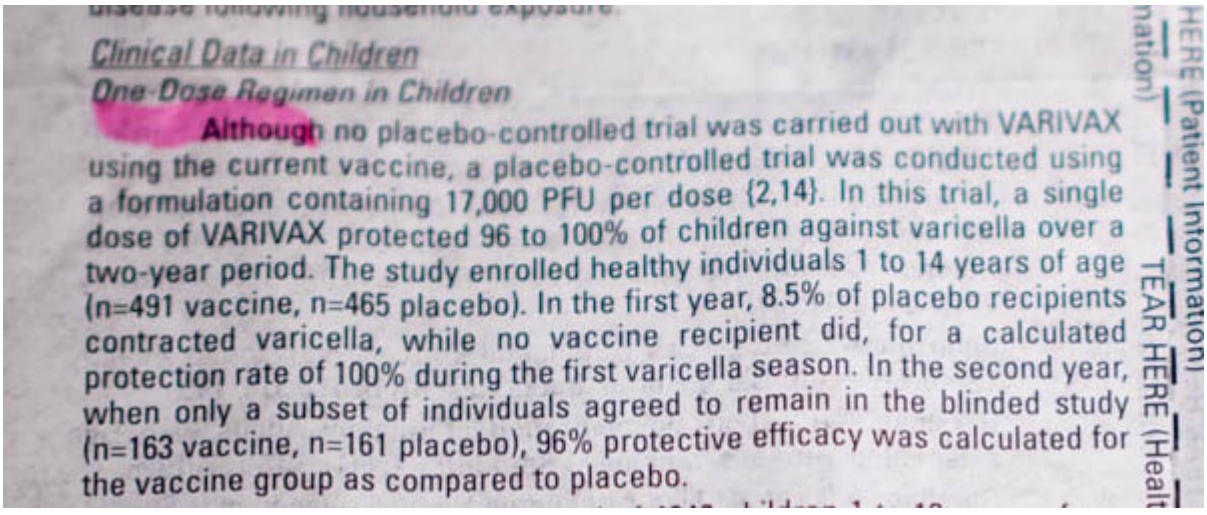
Question #4) If mercury is a neurotoxic chemical (which it is), then why is it still being injected into children and pregnant women via vaccines? Why does the vaccine industry refuse to remove all the mercury from vaccines in the interests of protecting children from mercury?

The U.S. government tells us that lead in water is BAD, but mercury in vaccines is GOOD!



Question #5) If vaccines are so incredibly safe, then why does the vaccine industry need absolute legal immunity from all harm caused by its products?

Question #6) If vaccines work so well to prevent disease, then why do some vaccines (like the chickenpox vaccine) openly admit that they can cause the spread of chickenpox?


Clinical Data in Children

One-Dose Regimen in Children

Although no placebo-controlled trial was carried out with VARIVAX using the current vaccine, a placebo-controlled trial was conducted using a formulation containing 17,000 PFU per dose {2,14}. In this trial, a single dose of VARIVAX protected 96 to 100% of children against varicella over a two-year period. The study enrolled healthy individuals 1 to 14 years of age (n=491 vaccine, n=465 placebo). In the first year, 8.5% of placebo recipients contracted varicella, while no vaccine recipient did, for a calculated protection rate of 100% during the first varicella season. In the second year, when only a subset of individuals agreed to remain in the blinded study (n=163 vaccine, n=161 placebo), 96% protective efficacy was calculated for the vaccine group as compared to placebo.

recommendations on the use of varicella vaccine in HIV-infected individuals.

5.4 Risk of Vaccine Virus Transmission

Post-marketing experience suggests that transmission of vaccine virus may occur rarely between healthy vaccinees who develop a varicella-like rash and healthy susceptible contacts. Transmission of vaccine virus from a mother who did not develop a varicella-like rash to her newborn infant has been reported.

Due to the concern for transmission of vaccine virus, vaccine recipients should attempt to avoid whenever possible close association with susceptible high-risk individuals for up to six weeks following vaccination with VARIVAX. Susceptible high-risk individuals include:

- Immunocompromised individuals;
- Pregnant women without documented history of varicella or laboratory evidence of prior infection;
- Newborn infants of mothers without documented history of varicella or laboratory evidence of prior infection and all newborn infants born at <28 weeks gestation regardless of maternal varicella immunity.

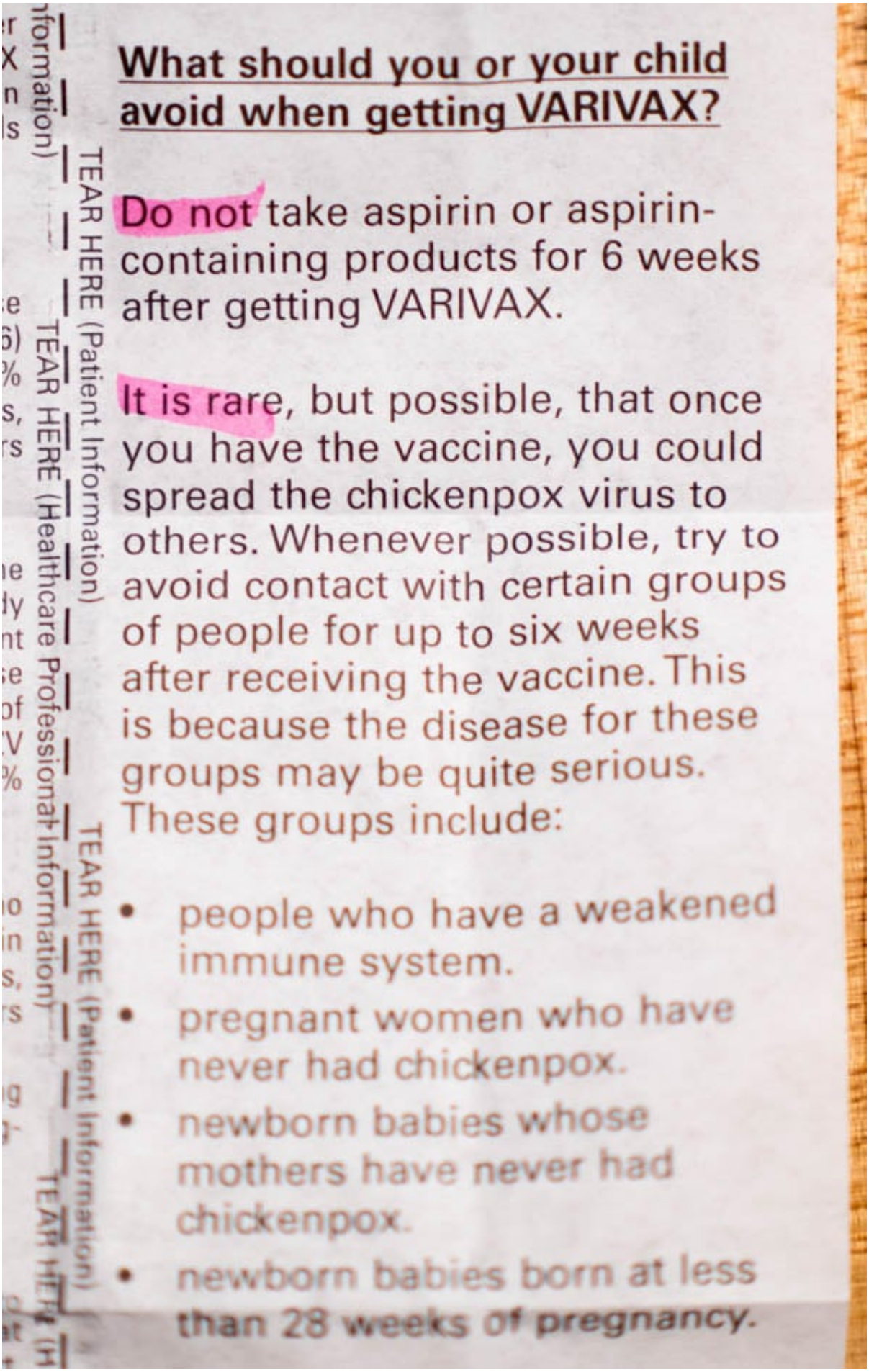
5.5 Immune Globulins and Transfusions

Immunoglobulins should not be given concomitantly with VARIVAX. Vaccination should be deferred for at least 5 months following blood or plasma transfusions, or administration of immune globulin(s) {1}.

Following administration of VARIVAX, immune globulin(s) should not be given for 2 months thereafter unless its use outweighs the benefits of vaccination {1}. *[See Drug Interactions (7.2).]*

5.6 Salicylate Therapy

Avoid use of salicylates (aspirin) or salicylate-containing products in children and adolescents 12 months through 17 years of age for six weeks following vaccination with VARIVAX because of the association of Reye syndrome with aspirin therapy and wild-type varicella infection. *[See Drug Interactions (7.1).]*



Question #7) If vaccines are so great for public health, then why do [these historical public health charts] show nearly all the declines in infectious disease taking place BEFORE

vaccines arrived on the scene?

Read more at GetHolisticHealth.com:
http://www.getholistichealth.com/39215/vacci...

And watch this must-see interview with Dr. Suzanne Humphries who reveals the truth about vaccines:

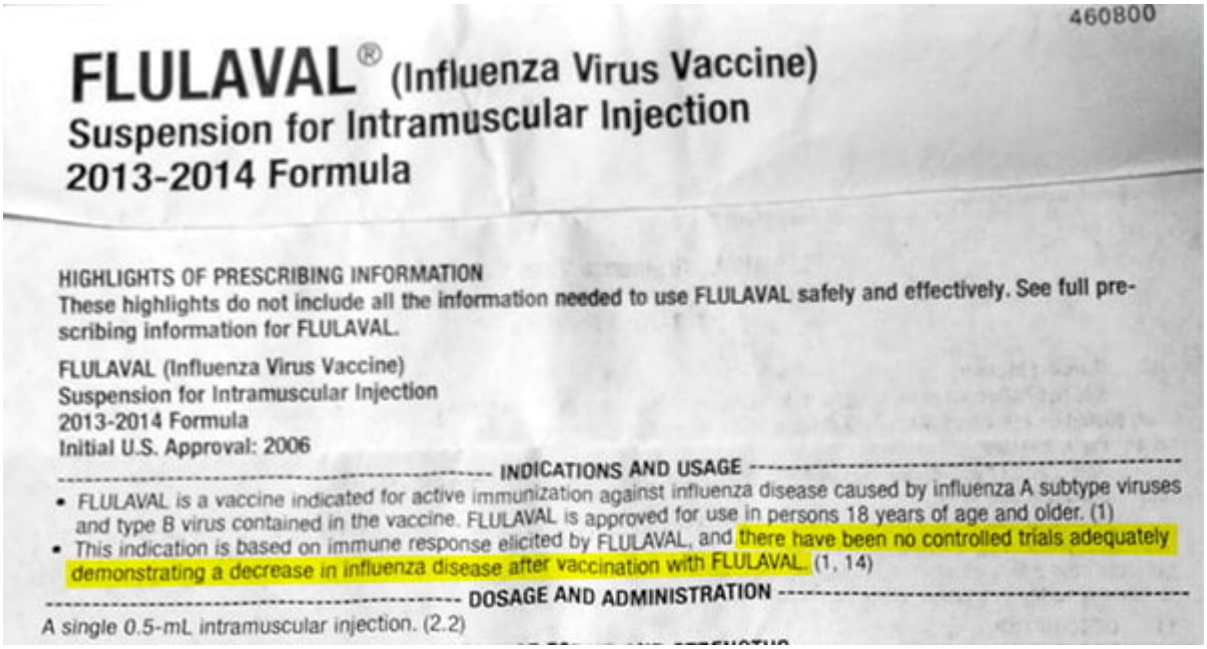
http://vaccineliberationarmy.com/2014/03/20/...

Question #8) If vaccines are perfectly safe, then why did at least 13 people recently die in Italy after being vaccinated?

Question #9) If vaccines are so trustworthy, then why did a pro-vaccine group in Africa recently discover — to its shock and horror — that vaccines being given to young African women were secretly laced with abortion chemicals?

Question #10) If vaccines are backed by solid science, then why do some vaccine inserts openly admit they are backed by no clinical trials?

...there have been no controlled trials adequately demonstrating a decrease in influenza disease after vaccination with FLULAVAL.



460800

FLULAVAL® (Influenza Virus Vaccine)
Suspension for Intramuscular Injection
2013-2014 Formula

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use FLULAVAL safely and effectively. See full prescribing information for FLULAVAL.

FLULAVAL (Influenza Virus Vaccine)
Suspension for Intramuscular Injection
2013-2014 Formula
Initial U.S. Approval: 2006

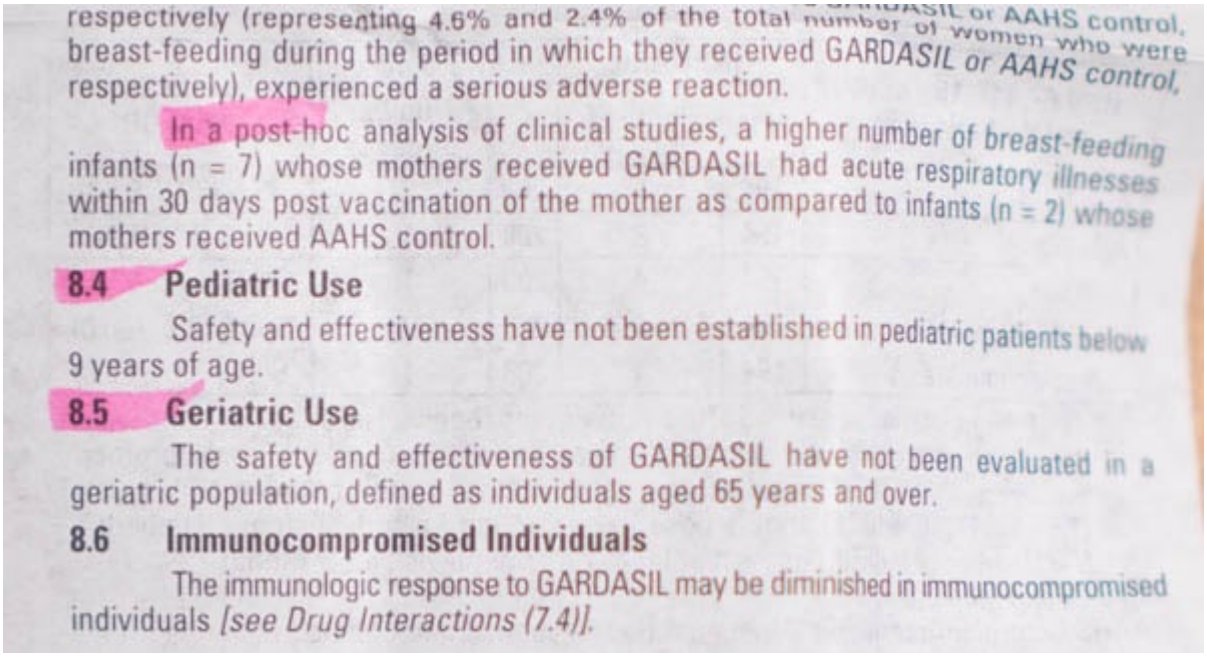
INDICATIONS AND USAGE

- FLULAVAL is a vaccine indicated for active immunization against influenza disease caused by influenza A subtype viruses and type B virus contained in the vaccine. FLULAVAL is approved for use in persons 18 years of age and older. (1)
- This indication is based on immune response elicited by FLULAVAL, and there have been no controlled trials adequately demonstrating a decrease in influenza disease after vaccination with FLULAVAL. (1, 14)

DOSAGE AND ADMINISTRATION

A single 0.5-mL intramuscular injection. (2.2)

Question #11) If vaccines are so safe, then why does this vaccine insert admit that the Gardasil vaccine causes “acute respiratory illness” in babies who consume the breast milk of mothers who have been vaccinated?



respectively (representing 4.6% and 2.4% of the total number of women who were breast-feeding during the period in which they received GARDASIL or AAHS control, respectively), experienced a serious adverse reaction.

In a post-hoc analysis of clinical studies, a higher number of breast-feeding infants (n = 7) whose mothers received GARDASIL had acute respiratory illnesses within 30 days post vaccination of the mother as compared to infants (n = 2) whose mothers received AAHS control.

8.4 Pediatric Use

Safety and effectiveness have not been established in pediatric patients below 9 years of age.

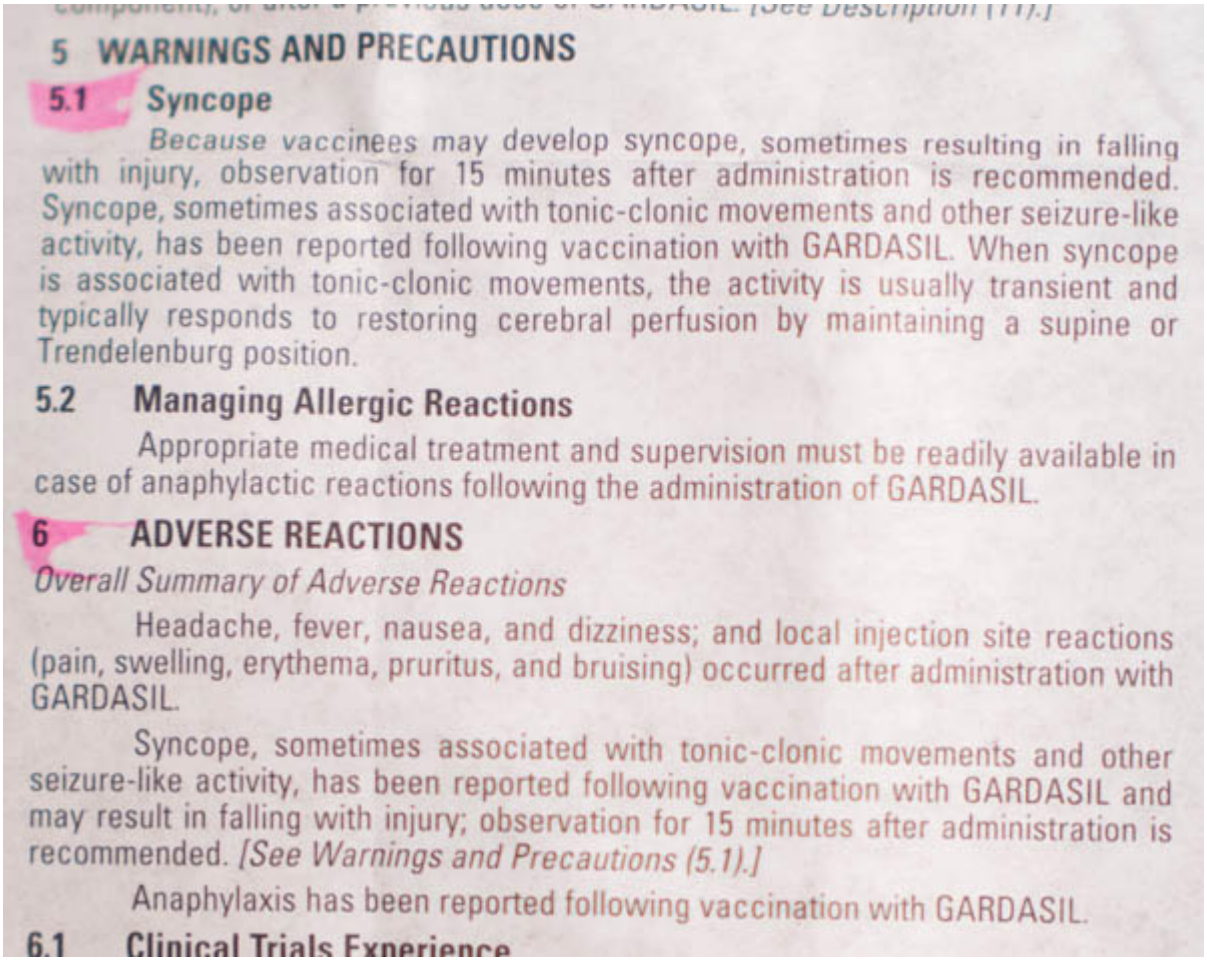
8.5 Geriatric Use

The safety and effectiveness of GARDASIL have not been evaluated in a geriatric population, defined as individuals aged 65 years and over.

8.6 Immunocompromised Individuals

The immunologic response to GARDASIL may be diminished in immunocompromised individuals *[see Drug Interactions (7.4)]*.

Question #12) If vaccines are so safe, then why does this Gardasil insert sheet admit that the vaccine causes "seizure-like activity, headache, fever, nausea and dizziness" and can even cause those injected with the vaccine to lose consciousness and fall, resulting in injury?



5 WARNINGS AND PRECAUTIONS

5.1 Syncope

Because vaccinees may develop syncope, sometimes resulting in falling with injury, observation for 15 minutes after administration is recommended. Syncope, sometimes associated with tonic-clonic movements and other seizure-like activity, has been reported following vaccination with GARDASIL. When syncope is associated with tonic-clonic movements, the activity is usually transient and typically responds to restoring cerebral perfusion by maintaining a supine or Trendelenburg position.

5.2 Managing Allergic Reactions

Appropriate medical treatment and supervision must be readily available in case of anaphylactic reactions following the administration of GARDASIL.

6 ADVERSE REACTIONS

Overall Summary of Adverse Reactions

Headache, fever, nausea, and dizziness; and local injection site reactions (pain, swelling, erythema, pruritus, and bruising) occurred after administration with GARDASIL.

Syncope, sometimes associated with tonic-clonic movements and other seizure-like activity, has been reported following vaccination with GARDASIL and may result in falling with injury; observation for 15 minutes after administration is recommended. *[See Warnings and Precautions (5.1).]*

Anaphylaxis has been reported following vaccination with GARDASIL.

6.1 Clinical Trials Experience

- Recipients of GARDASIL should not discontinue anal cancer screening if it has been recommended by a health care provider.
- GARDASIL has not been demonstrated to provide protection against disease from vaccine and non-vaccine HPV types to which a person has previously been exposed through sexual activity.
- Since syncope has been reported following vaccination sometimes resulting in falling with injury, observation for 15 minutes after administration is recommended.
- Vaccine information is required to be given with each vaccination to the patient, parent, or guardian.
- Information regarding benefits and risks associated with vaccination.
- GARDASIL is not recommended for use in pregnant women.
- Importance of completing the immunization series unless contraindicated.
- Report any adverse reactions to their health care provider.

Fainting can happen after getting GARDASIL. Sometimes people who faint can fall and hurt themselves. For this reason, your health care provider may ask you to sit or lie down for 15 minutes after you get GARDASIL. Some people who faint might shake or become stiff. This may require evaluation or treatment by your health care provider.

Make sure that you get all 3 doses on time so that you get the best protection. If you miss a dose, talk to your health care provider.

Can other vaccines and medications be given at the

TEAR HERE (Patient Informati
ealthcare Professional Information)

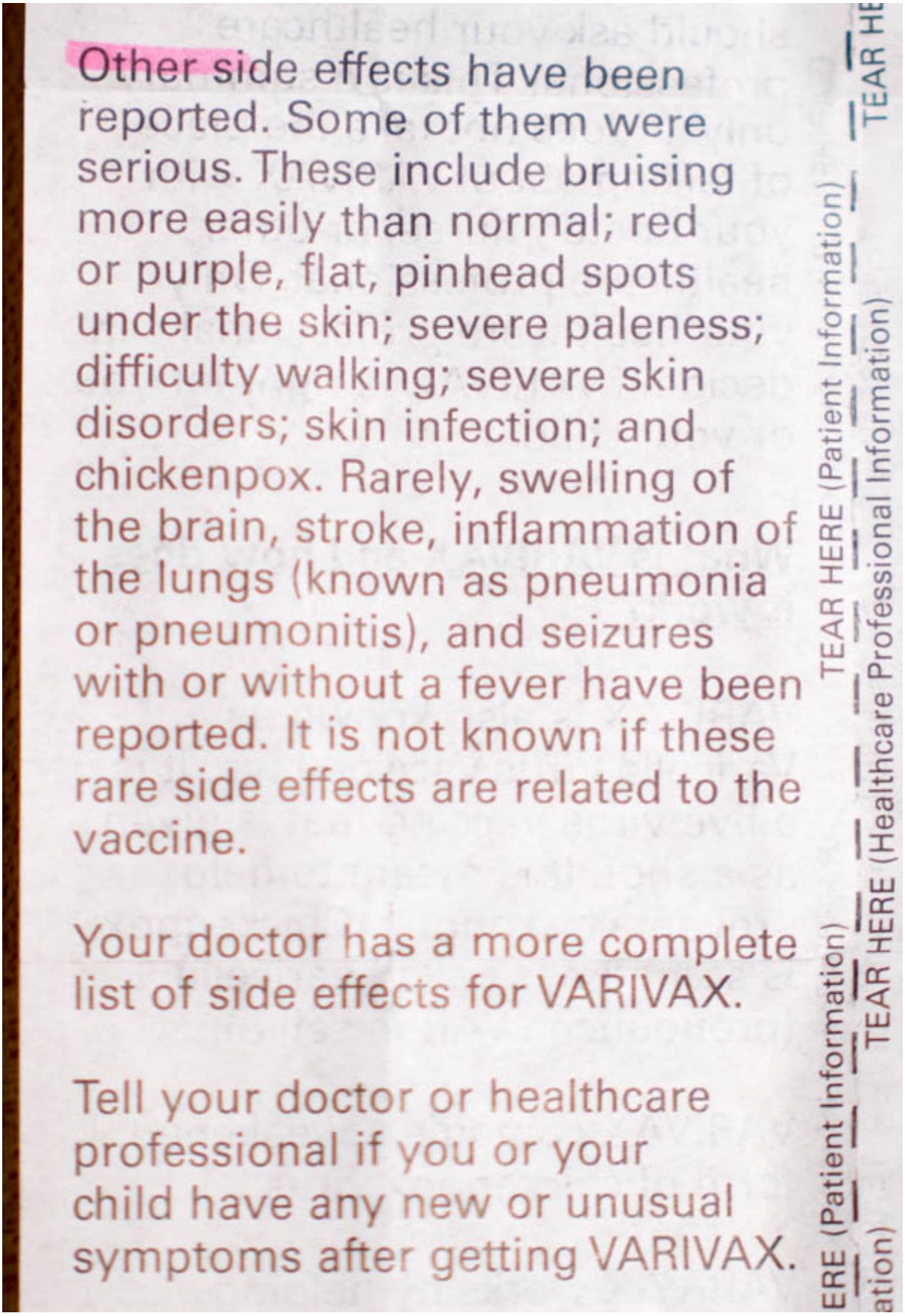
What are the possible side effects of GARDASIL?

The most common side effects with GARDASIL are:

- pain, swelling, itching, bruising, and redness at the injection site
- headache
- fever
- nausea
- dizziness
- vomiting
- fainting

There was no increase in side effects when

TEAR HERE (Pati
RE (Healthcare Professional Inform
6068217



Question #13) If vaccines are totally safe, then why do vaccine insert sheets disclose a long list of frightening and bizarre side effects associated with their vaccines?

comparable to the profile seen in girls and women 9 through 26 years of age.

6.2 Postmarketing Experience

The following adverse events have been spontaneously reported during post-approval use of GARDASIL. Because these events were reported voluntarily from a population of uncertain size, it is not possible to reliably estimate their frequency or to establish a causal relationship to vaccine exposure.

Blood and lymphatic system disorders: Autoimmune hemolytic anemia, idiopathic thrombocytopenic purpura, lymphadenopathy.

Respiratory, thoracic and mediastinal disorders: Pulmonary embolus.

Gastrointestinal disorders: Nausea, pancreatitis, vomiting.

General disorders and administration site conditions: Asthenia, chills, death, fatigue, malaise.

Immune system disorders: Autoimmune diseases, hypersensitivity reactions including anaphylactic/anaphylactoid reactions, bronchospasm, and urticaria.

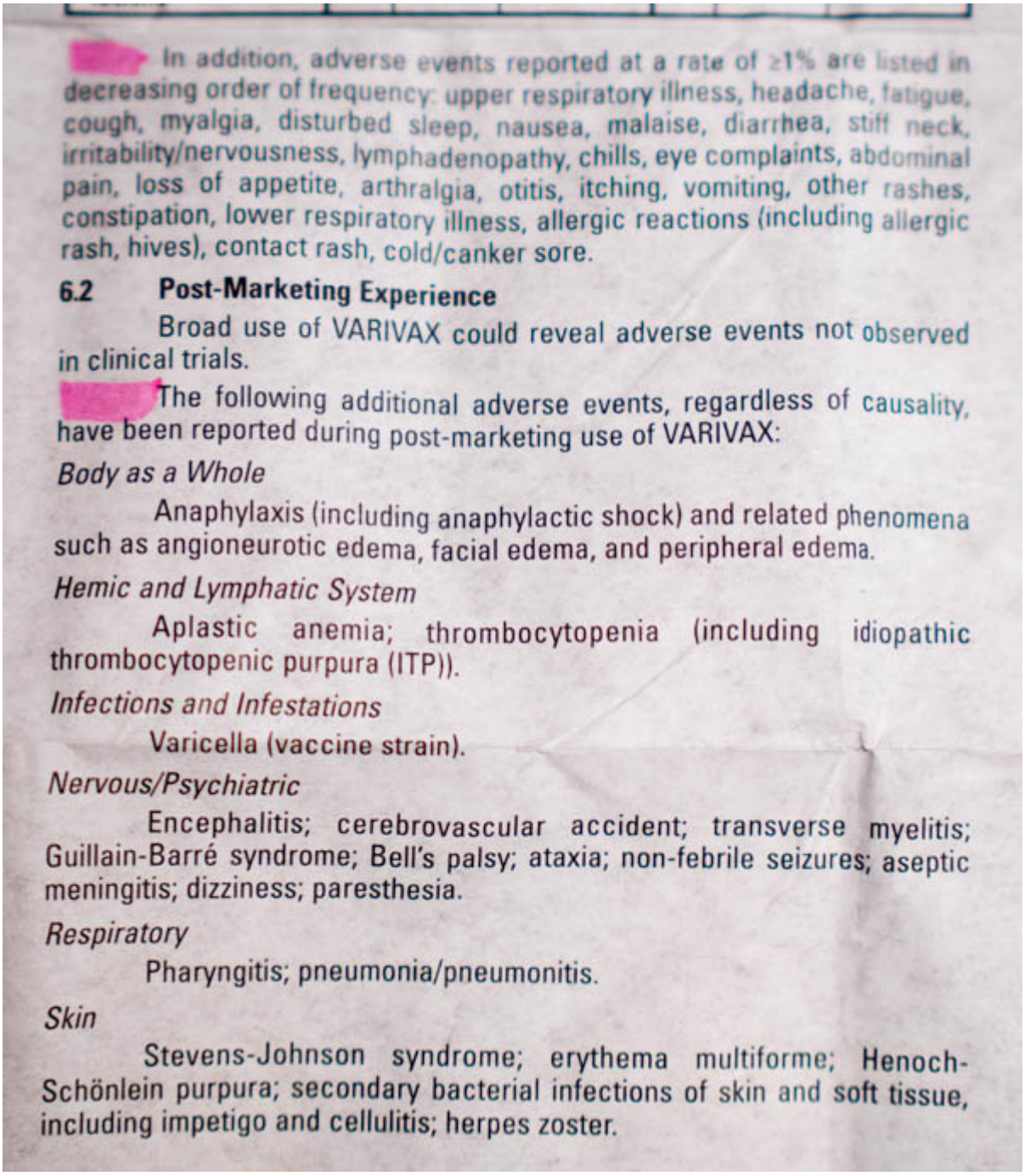
Musculoskeletal and connective tissue disorders: Arthralgia, myalgia.

Nervous system disorders: Acute disseminated encephalomyelitis, dizziness, Guillain-Barré syndrome, headache, motor neuron disease, paralysis, seizures, syncope (including syncope associated with tonic-clonic movements and other seizure-like activity) sometimes resulting in falling with injury, transverse myelitis.

Infections and infestations: cellulitis.

Vascular disorders: Deep venous thrombosis.

7 DRUG INTERACTIONS



In addition, adverse events reported at a rate of ≥1% are listed in decreasing order of frequency: upper respiratory illness, headache, fatigue, cough, myalgia, disturbed sleep, nausea, malaise, diarrhea, stiff neck, irritability/nervousness, lymphadenopathy, chills, eye complaints, abdominal pain, loss of appetite, arthralgia, otitis, itching, vomiting, other rashes, constipation, lower respiratory illness, allergic reactions (including allergic rash, hives), contact rash, cold/canker sore.

6.2 Post-Marketing Experience

Broad use of VARIVAX could reveal adverse events not observed in clinical trials.

The following additional adverse events, regardless of causality, have been reported during post-marketing use of VARIVAX:

Body as a Whole

Anaphylaxis (including anaphylactic shock) and related phenomena such as angioneurotic edema, facial edema, and peripheral edema.

Hemic and Lymphatic System

Aplastic anemia; thrombocytopenia (including idiopathic thrombocytopenic purpura (ITP)).

Infections and Infestations

Varicella (vaccine strain).

Nervous/Psychiatric

Encephalitis; cerebrovascular accident; transverse myelitis; Guillain-Barré syndrome; Bell's palsy; ataxia; non-febrile seizures; aseptic meningitis; dizziness; paresthesia.

Respiratory

Pharyngitis; pneumonia/pneumonitis.

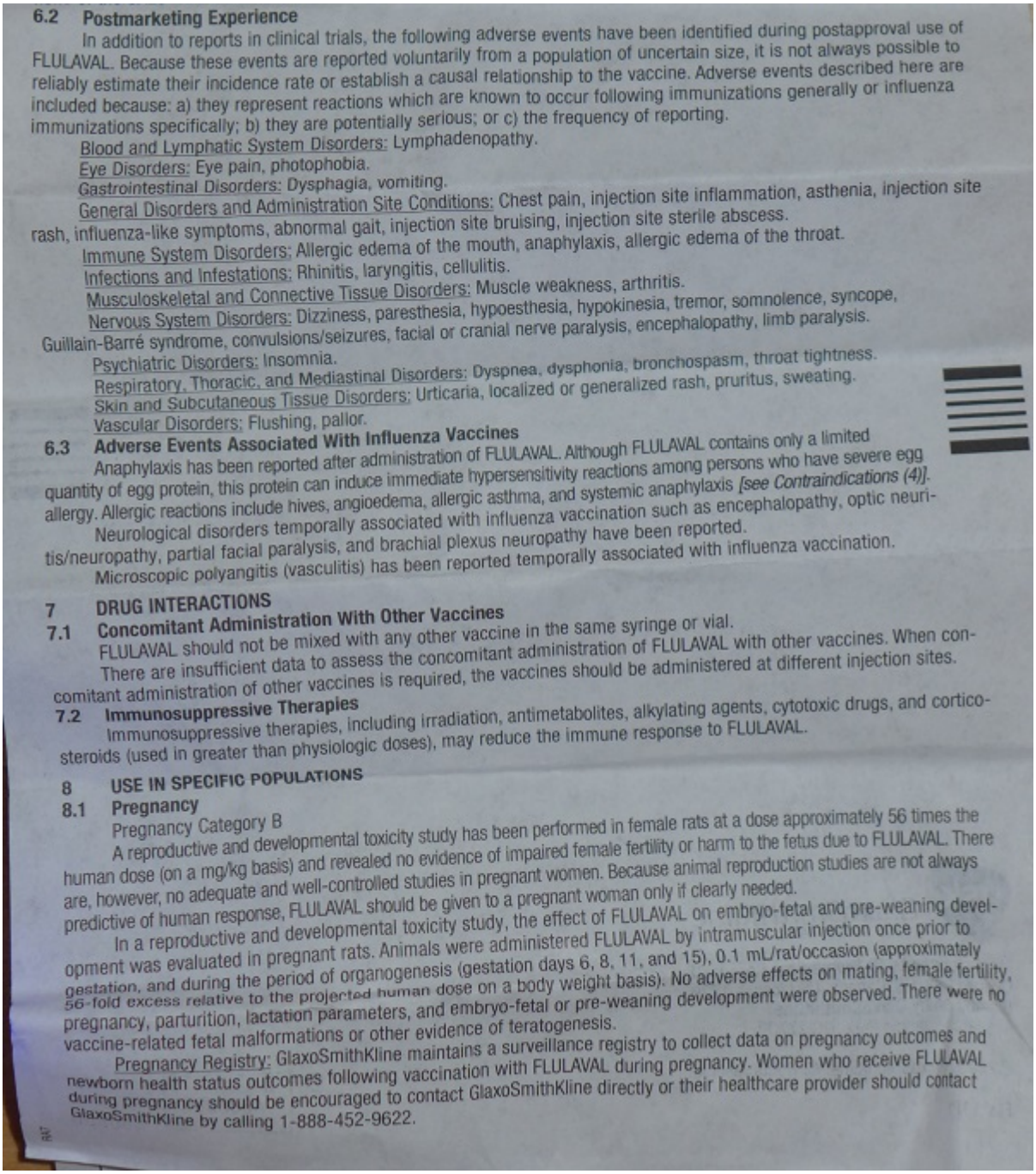
Skin

Stevens-Johnson syndrome; erythema multiforme; Henoch-Schönlein purpura; secondary bacterial infections of skin and soft tissue, including impetigo and cellulitis; herpes zoster.

Just some of the adverse effects experienced after flu shot vaccines include:

- Eye pain and chest pain
- Arthritis
- Dizziness, tremors and losing consciousness (syncope)
- Convulsions and seizures
- Guillian-Barre Syndrome
- Cranial nerve paralysis or limb paralysis
- Swelling of the brain
- Partial facial paralysis

... and much more. See the text yourself:



6.2 Postmarketing Experience

In addition to reports in clinical trials, the following adverse events have been identified during postapproval use of FLULAVAL. Because these events are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their incidence rate or establish a causal relationship to the vaccine. Adverse events described here are included because: a) they represent reactions which are known to occur following immunizations generally or influenza immunizations specifically; b) they are potentially serious; or c) the frequency of reporting.

Blood and Lymphatic System Disorders: Lymphadenopathy.

Eye Disorders: Eye pain, photophobia.

Gastrointestinal Disorders: Dysphagia, vomiting.

General Disorders and Administration Site Conditions: Chest pain, injection site inflammation, asthenia, injection site rash, influenza-like symptoms, abnormal gait, injection site bruising, injection site sterile abscess.

Immune System Disorders: Allergic edema of the mouth, anaphylaxis, allergic edema of the throat.

Infections and Infestations: Rhinitis, laryngitis, cellulitis.

Musculoskeletal and Connective Tissue Disorders: Muscle weakness, arthritis.

Nervous System Disorders: Dizziness, paresthesia, hypoesthesia, hypokinesia, tremor, somnolence, syncope, Guillain-Barré syndrome, convulsions/seizures, facial or cranial nerve paralysis, encephalopathy, limb paralysis.

Psychiatric Disorders: Insomnia.

Respiratory, Thoracic, and Mediastinal Disorders: Dyspnea, dysphonia, bronchospasm, throat tightness.

Skin and Subcutaneous Tissue Disorders: Urticaria, localized or generalized rash, pruritus, sweating.

Vascular Disorders: Flushing, pallor.

6.3 Adverse Events Associated With Influenza Vaccines

Anaphylaxis has been reported after administration of FLULAVAL. Although FLULAVAL contains only a limited quantity of egg protein, this protein can induce immediate hypersensitivity reactions among persons who have severe egg allergy. Allergic reactions include hives, angioedema, allergic asthma, and systemic anaphylaxis *[see Contraindications (4)]*.

Neurological disorders temporally associated with influenza vaccination such as encephalopathy, optic neuritis/neuropathy, partial facial paralysis, and brachial plexus neuropathy have been reported.

Microscopic polyangitis (vasculitis) has been reported temporally associated with influenza vaccination.

7 DRUG INTERACTIONS

7.1 Concomitant Administration With Other Vaccines

FLULAVAL should not be mixed with any other vaccine in the same syringe or vial.

There are insufficient data to assess the concomitant administration of FLULAVAL with other vaccines. When concomitant administration of other vaccines is required, the vaccines should be administered at different injection sites.

7.2 Immunosuppressive Therapies

Immunosuppressive therapies, including irradiation, antimetabolites, alkylating agents, cytotoxic drugs, and corticosteroids (used in greater than physiologic doses), may reduce the immune response to FLULAVAL.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

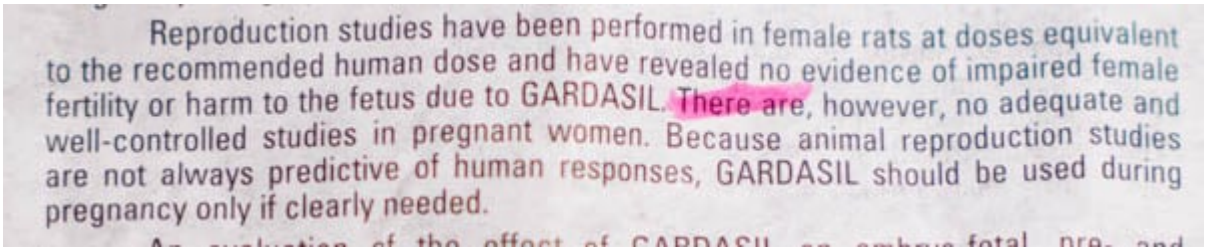
Pregnancy Category B

A reproductive and developmental toxicity study has been performed in female rats at a dose approximately 56 times the human dose (on a mg/kg basis) and revealed no evidence of impaired female fertility or harm to the fetus due to FLULAVAL. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, FLULAVAL should be given to a pregnant woman only if clearly needed.

In a reproductive and developmental toxicity study, the effect of FLULAVAL on embryo-fetal and pre-weaning development was evaluated in pregnant rats. Animals were administered FLULAVAL by intramuscular injection once prior to gestation, and during the period of organogenesis (gestation days 6, 8, 11, and 15), 0.1 mL/rat/occasion (approximately 56-fold excess relative to the projected human dose on a body weight basis). No adverse effects on mating, female fertility, pregnancy, parturition, lactation parameters, and embryo-fetal or pre-weaning development were observed. There were no vaccine-related fetal malformations or other evidence of teratogenesis.

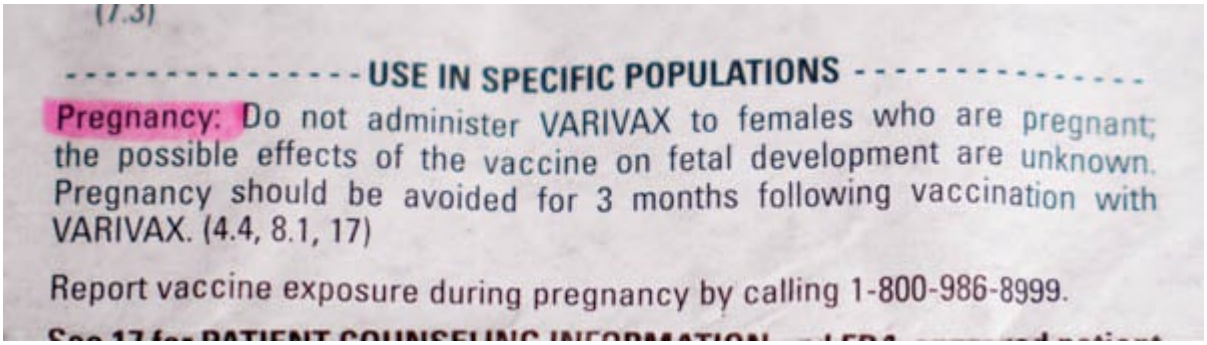
Pregnancy Registry: GlaxoSmithKline maintains a surveillance registry to collect data on pregnancy outcomes and newborn health status outcomes following vaccination with FLULAVAL during pregnancy. Women who receive FLULAVAL during pregnancy should be encouraged to contact GlaxoSmithKline directly or their healthcare provider should contact GlaxoSmithKline by calling 1-888-452-9622.

Question #14) If vaccines are backed by so much “science” then why do they frequently admit there really aren’t any studies of the vaccine for the very groups of people who are often injected with it?



Reproduction studies have been performed in female rats at doses equivalent to the recommended human dose and have revealed no evidence of impaired female fertility or harm to the fetus due to GARDASIL. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human responses, GARDASIL should be used during pregnancy only if clearly needed.

Question #15) If vaccines are so safe to give to pregnant women, then why do the vaccine insert sheets openly admit most of them have never been tested for safety in pregnant women? In fact, this vaccine admits “the effects of the vaccine in fetal development are unknown.”

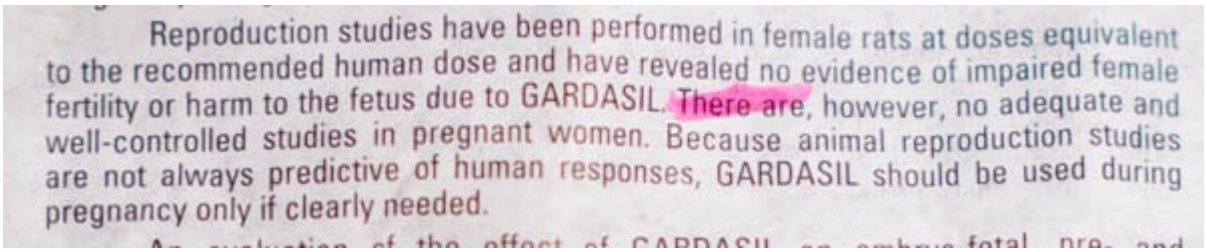


(7.3)

USE IN SPECIFIC POPULATIONS

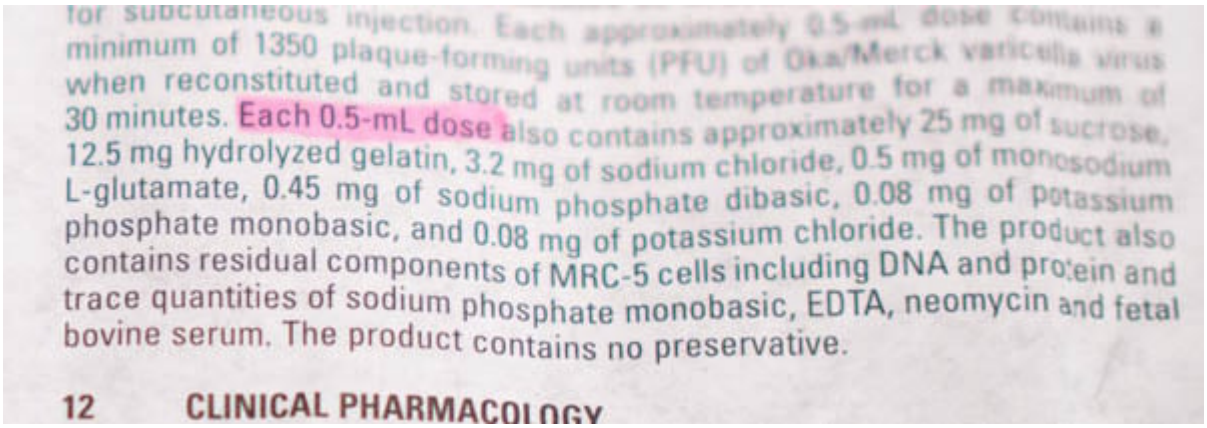
Pregnancy: Do not administer VARIVAX to females who are pregnant; the possible effects of the vaccine on fetal development are unknown. Pregnancy should be avoided for 3 months following vaccination with VARIVAX. (4.4, 8.1, 17)

Report vaccine exposure during pregnancy by calling 1-800-986-8999.



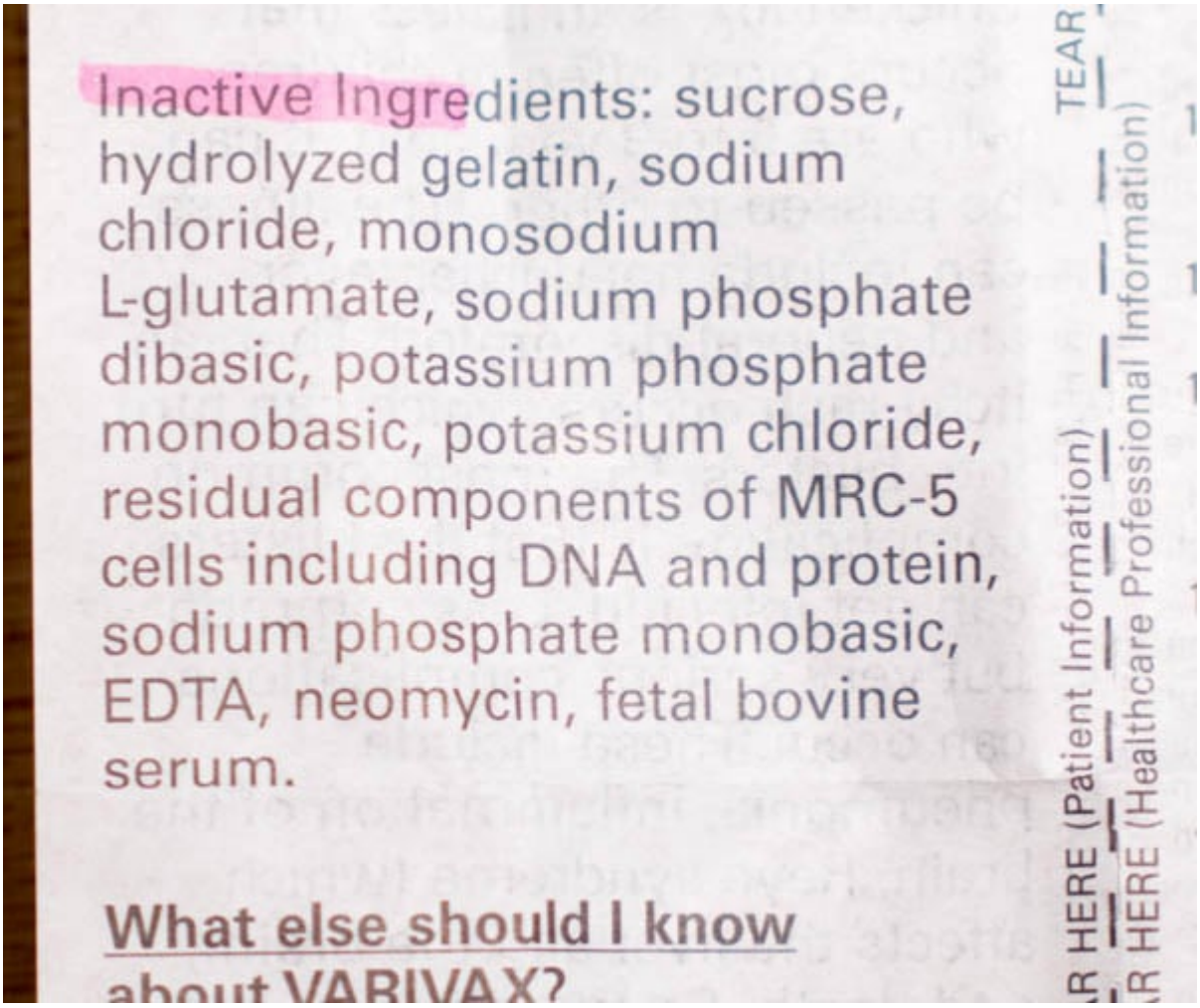
Reproduction studies have been performed in female rats at doses equivalent to the recommended human dose and have revealed no evidence of impaired female fertility or harm to the fetus due to GARDASIL. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human responses, GARDASIL should be used during pregnancy only if clearly needed.

Question #16) If vaccines are so safe to be injected into the bodies of children and pregnant women, then why do their own insert sheets readily admit they are manufactured with a cocktail of toxic chemical ingredients including “fetal bovine serum?” (The blood serum of aborted baby cows.)



for subcutaneous injection. Each approximately 0.5-mL dose contains a minimum of 1350 plaque-forming units (PFU) of Oka/Merck varicella virus when reconstituted and stored at room temperature for a maximum of 30 minutes. Each 0.5-mL dose also contains approximately 25 mg of sucrose, 12.5 mg hydrolyzed gelatin, 3.2 mg of sodium chloride, 0.5 mg of monosodium L-glutamate, 0.45 mg of sodium phosphate dibasic, 0.08 mg of potassium phosphate monobasic, and 0.08 mg of potassium chloride. The product also contains residual components of MRC-5 cells including DNA and protein and trace quantities of sodium phosphate monobasic, EDTA, neomycin and fetal bovine serum. The product contains no preservative.

12 CLINICAL PHARMACOLOGY



Question #17) If vaccines achieve absolute immunity, then why are as many as 97 percent of children struck by infectious disease already vaccinated against that disease?

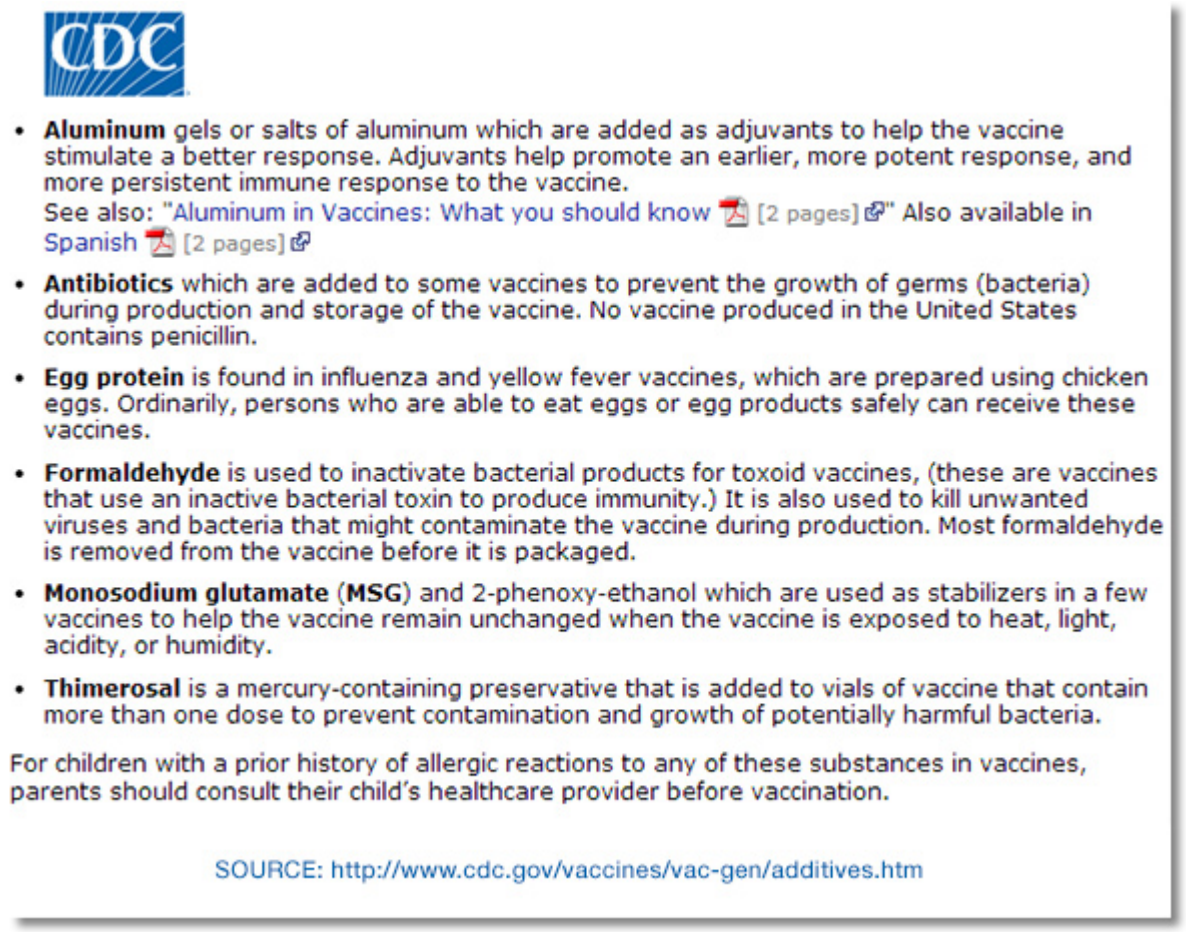
Question #18) If vaccines are totally safe and effective, then why did this five-year-old girl recently die from the very strain of flu she was just vaccinated against?

Question #19) If the mainstream media claims to report honest, unbiased information about vaccines, then why was there a total nationwide blackout on the news of the CDC whistleblower admitting vaccines are linked to autism?

This was one of the most censored medical news stories of 2014, and the CDC's criminal cover-up stretches back more than 12 years...

Question #20) Why does the CDC falsely claim all vaccines are completely safe and effective when its own website still lists the toxic chemical ingredients used in vaccines?

The CDC openly admits that mercury, formaldehyde, MSG, aluminum, antibiotics and other chemicals are still used in vaccines. Here's a screen shot from the CDC website's vaccine additives page that confirms this:



- **Aluminum** gels or salts of aluminum which are added as adjuvants to help the vaccine stimulate a better response. Adjuvants help promote an earlier, more potent response, and more persistent immune response to the vaccine.
  See also: "Aluminum in Vaccines: What you should know [2 pages]" Also available in Spanish [2 pages]
- **Antibiotics** which are added to some vaccines to prevent the growth of germs (bacteria) during production and storage of the vaccine. No vaccine produced in the United States contains penicillin.
- **Egg protein** is found in influenza and yellow fever vaccines, which are prepared using chicken eggs. Ordinarily, persons who are able to eat eggs or egg products safely can receive these vaccines.
- **Formaldehyde** is used to inactivate bacterial products for toxoid vaccines, (these are vaccines that use an inactive bacterial toxin to produce immunity.) It is also used to kill unwanted viruses and bacteria that might contaminate the vaccine during production. Most formaldehyde is removed from the vaccine before it is packaged.
- **Monosodium glutamate** (**MSG**) and 2-phenoxy-ethanol which are used as stabilizers in a few vaccines to help the vaccine remain unchanged when the vaccine is exposed to heat, light, acidity, or humidity.
- **Thimerosal** is a mercury-containing preservative that is added to vials of vaccine that contain more than one dose to prevent contamination and growth of potentially harmful bacteria.

For children with a prior history of allergic reactions to any of these substances in vaccines, parents should consult their child's healthcare provider before vaccination.

SOURCE: http://www.cdc.gov/vaccines/vac-gen/additives.htm

Click here to read a more complete list of toxic vaccine ingredients and heavy metals still used in vaccines given to children today.

Question #21) If the vaccine industry cares so much about children, then why does it call for the arrest of parents and the breaking up of families of unvaccinated children, begging for the state to seize custody of those children at gunpoint while incarcerating the parents in prison?

The original source of this article is Natural News

Comment on Global Research Articles on our Facebook page

Become a Member of Global Research

Articles by: Mike Adams