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Voodoo Science: The Myth of Vaccine Efficacy

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The two pillars upon which the entire edifice of vaccinology rest are that vaccines are safe and effective. We are told by our medical and federal authorities, physicians, pharmacists and health care practitioners that vaccines work by stimulating the body's immune system to create specific antibodies. These antibodies in turn will protect us from the infectious disease specific to a given vaccine.

This central premise is virtually never challenged. Hundreds of millions of Americans simply accept that all vaccines are scientifically proven to confer immunity against disease. In a previous article, Uncovering the Cover-Up: Scientific Analysis of the Vaccine-Autism Connection, Deeply Flawed US Vaccine Policies, we examined the myths about vaccine safety and presented the actual science demonstrating vaccines' toxic ingredients and adverse neurological effects. This report investigates the medical industry's claims that vaccines are effective. Moreover, the independent research presented for each major vaccine raises serious questions that challenge the concept of antibody generation as a reliable factor to assure viral and bacterial immunity.

Measuring Vaccine Efficacy: Junk Science at its Worst

Every flu season, millions of Americans visit their physician's office or local pharmacy to receive a flu shot. Recipients are given one of a handful of influenza vaccines on the market. The same vaccine will be injected into a 14 pound infant, teenage athletes weighing 200 pounds, and frail, immunocompromised elderly patients. Regardless of age, weight, medical history, previous compromised immune system and any other health factor, they are all given the same exact chemical cocktail. Furthermore, we are told to accept that this one-size-fits-all approach will predictably result in the production of a number of protective antibodies that will ward off a flu infection.

Once the flu season concludes, vaccinated persons who made it through the season without contracting a diagnosed flu infection are categorized by our health officials as having been successfully immunized. And these statistics then stand as living proof of the vaccine's efficacy. Meanwhile, very little if any attention is paid to the numerous other factors that have been shown to influence immunity, including, quality of diet, additional nutrient profile, vitamin D, A and C status, exercise, stress management, exposure to environmental toxins, sleep patterns and biochemical and genetic makeup.

A person who chooses to be vaccinated and follows a healthy lifestyle by eating a balanced wholesome diet, minimizing environmental toxins, engaging in regular exercise and practicing de-stress techniques is far less likely to fall sick. It is therefore impossible and completely unscientific to make any absolute claims that vaccines are the sole protective

cause for not contracting an infectious illness. On the other hand, an unvaccinated individual who eats the standard American diet, suffers from multiple nutrient deficiencies, and leads a sedentary, high-stress lifestyle, has a higher risk of developing a significantly compromised immune system condition. If such a person comes down with an illness, how can it be blamed on the absence of a vaccine and not the unhealthy lifestyle?

When assessing the impact of vaccines, removing the body's many other biomolecular principles and functions from the equation is completely unscientific, The claim that a vaccine can prevent disease without looking at many other critical health factors in a person's life is contrary to a scientific gold standard for assessing health and illness. It is no different than if a person took vitamin C and subsequently didn't come down with a cold, that it was exclusively the vitamin C intake that deserves all the credit also being unscientific.

There is very strong evidence suggesting that all clinical trials carried out by vaccine manufacturers fall short of demonstrating vaccine efficacy accurately. And when they are shown to be efficacious, it is frequently in the short term and offer only partial protection. According to an article in the peer-reviewed The Journal of Infectious Diseases, the only way to evaluate vaccines is to scrutinize the epidemiological data obtained from real-life conditions. In other words, researchers simply cannot — or will not — adequately test a vaccine's effectiveness and immunogenicity prior to its release onto an unsuspecting public. (1)

Based upon our research a study has yet to be undertaken that evaluates the long-term progress of both fully vaccinated and unvaccinated children of comparable biochemistries, ages, and lifestyles. Since immunity hinges on more than vaccination status, it stands to reason that the only way to make a fair determination about the effectiveness of the current vaccine schedule would be to carry out such an analysis using gold standard scientific methodology and protocol. Why has this never been done? To understand this unanswered question we must look back at vaccinology's history and the scientific evidence that would implicate our national vaccine campaign as a dangerous and deceptive experiment upon the public.

The Polio Vaccine Nightmare

Almost everyone now believes that vaccines were responsible for the eradication of certain major epidemics in the US and around the world. However, this belief is largely propaganda overcoming fact. The story of Jonas Salk's polio vaccine is an example of how some vaccines not only fail to save lives but actually infect the patients with the very disease they are supposed to protect against.

The polio vaccine is recognized as the fastest approved drug in FDA history. In 1955, it only took two hours of review before its approval, licensure to be quickly released to the public. Owing to the fact that no significant research could ever have been carried out on the vaccine in such a short span of time, the vaccine was quickly administered without proper federal review. Known as the Cutter Incident, after the vaccine's manufacturer Cutter Laboratories, within days of vaccination, 40,000 children became infected with polio, 200 with severe paralysis and ten deaths. Shortly thereafter the vaccine was quickly withdrawn from circulation and abandoned. (2)

The CDC's website still promulgates a blatant untruth that the Salk vaccine was a miracle in

public health policy. To the contrary, officials at the National Institutes of Health were convinced that the vaccine was contributing to a rise in polio and paralysis cases in the 1950s. In 1957 Edward McBean documented in his book *The Poisoned Needle* that government officials stated the vaccine was "worthless as a preventive and dangerous to take." (3)

Some US states, such as Idaho where several people died after receiving the Salk vaccine, wanted to hold the vaccine makers legally liable. Dr. Salk himself testified in 1976 that his live virus vaccine, which continued to be distributed in the US until 2000, was the "principal if not sole cause" of all polio cases in the US since 1961. However, after much lobbying and political leveraging, the pharmaceutical industry pressured the US Public Health Service to proclaim the vaccine safe. (4)

Although this occurred in the 1950s, this same private industry game plan to coerce and through the use of lobbyists, consultants, current and former government employees, to influence government health agencies to do their bidding. Today, US authorities proudly claim the US is polio-free. Medical authorities and the advocates of mass vaccination rely upon the polio vaccine as an example of a vaccine that eradicated a virus and as proof of the unfounded "herd immune theory". Dr. Suzanne Humphries, a board certified nephrologist who has spent more than 10,000 hours researching the safety and efficacy of vaccines has documented thoroughly that polio's disappearance was actually a game of smoke and mirrors. In her research, she has shown how the alleged eradication of polio coincided with the rise of "new" and strikingly similar ailments which have been classified as variations of a condition known as Acute Flaccid Paralysis. (5) Thanks to Dr. Humphries detailed study of the data, it's not difficult to connect the dots and see that the reported decline in cases of polio over the years has more to do with calling the disease by different names rather than eradicating it.

Another layer of treachery in the history of the polio vaccine is the story of Dr. Maurice Hilleman, a pioneer in the field of vaccine research at Merck in the 1950s who developed over 40 vaccines, including 5 of the 14 immunizations routinely given to children and adults today. He is considered the father of American vaccinology. In a candid interview, Dr. Hilleman explained that monkey DNA was used in some of the vaccines he developed, and it was impossible to screen out all the viruses carried by the monkeys. He discovered that the new Sabin polio vaccine contained Simian Virus 40 (SV40), a DNA virus shown to be carcinogenic. During vaccine trials in hamsters, SV40 was shown to cause tumors. Hilleman said, "we knew it was in our seed stock from making vaccines…it was good science at the time because that was what you did. You didn't worry about these wild viruses." (6) The precise number of Americans exposed to vaccines contaminated with SV40 remains unknown, but estimates are as high as 100 million. As of 2001, Neil Miller, a vaccine research journalist, counted 62 peer-reviewed studies confirming the presence of SV40 in a variety of human tissues and different carcinomas. (7)

The Decline of Epidemic Diseases: Getting to the Truth

What has contributed historically to the decline of scourges like smallpox, polio, tetanus, measles, and diphtheria? Although many attribute the decreased incidence of these diseases to the introduction of vaccines, a look at the epidemiological data indicates that many, if not most, infectious diseases started declining noticeably prior to the introduction of their vaccines due to significant improvements in the way we live. Sanitation, proper sewage disposal, clean water, improved nutrition, indoor plumbing, less-crowded living

conditions, elimination of child labor and better hygiene were the real reasons that infectious rates waned. For example, polio declined in the US in the 1920s from 7,229 cases in 1921 to 3,826 cases in 1951. By the time the vaccine became widespread in 1961, the number of cases was already down to 1,076. (8)

There is no scientifically sound evidence that mass inoculation can be credited with eliminating any infectious disease. Furthermore, if vaccination is responsible for the disappearance of these diseases in the US, why did they simultaneously disappear in Europe prior to mass vaccinations?

The following graphs show that large drops in disease death rates occurred long before vaccines were introduced. From 1900 to 1963, when the measles vaccine was introduced, death rates from measles had declined from 13.3 per 100,000 to 0.2 per 100,000 – a 98% decrease. From 1900 to 1949, death rates from whooping cough declined from 12.2 per 100,000 to 0.5 per 100,000 – a 96% decrease. From 1900 to 1949, death rates from diphtheria declined from 40.3 per 100,000 to 0.4 per 100,000 – a 99% decrease. These graphs demonstrate clear and major changes in the severity of diseases well before any vaccines were introduced. (9)

Figure 1. Death rates from Measles

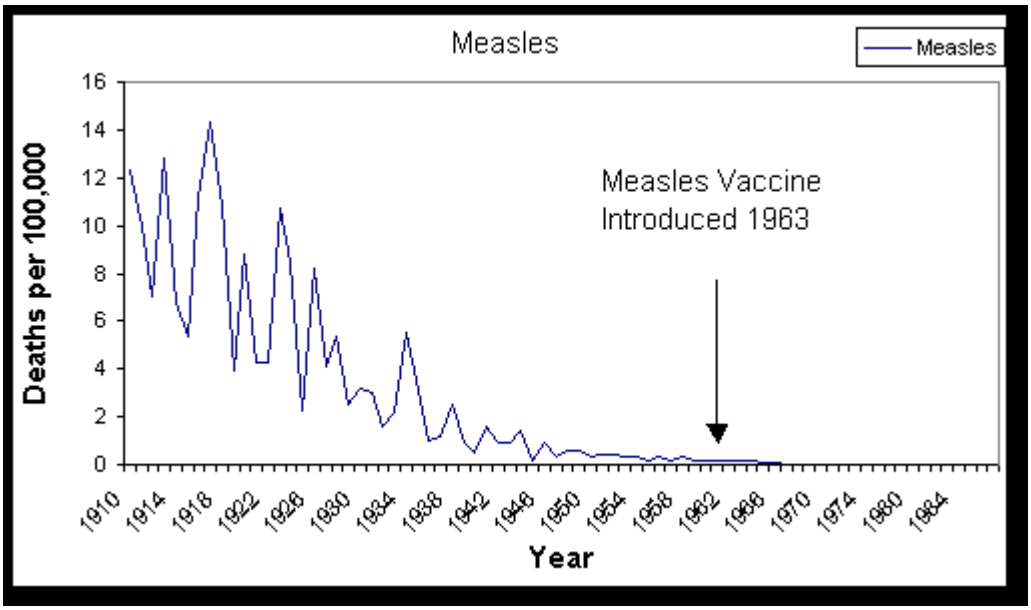


Figure 2. Death rates from Diphtheria

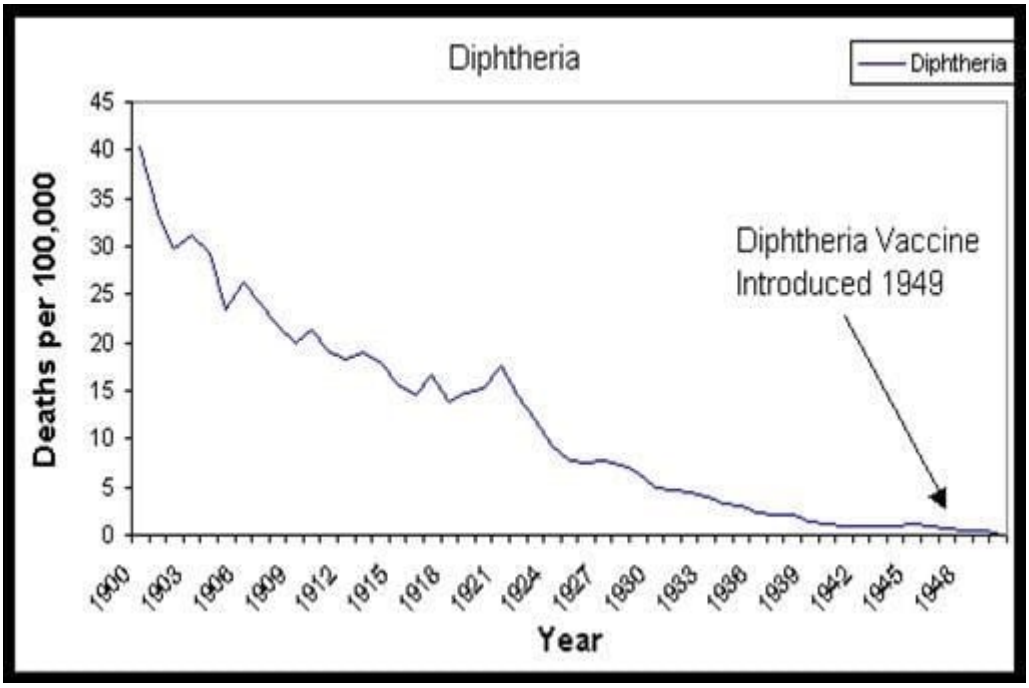
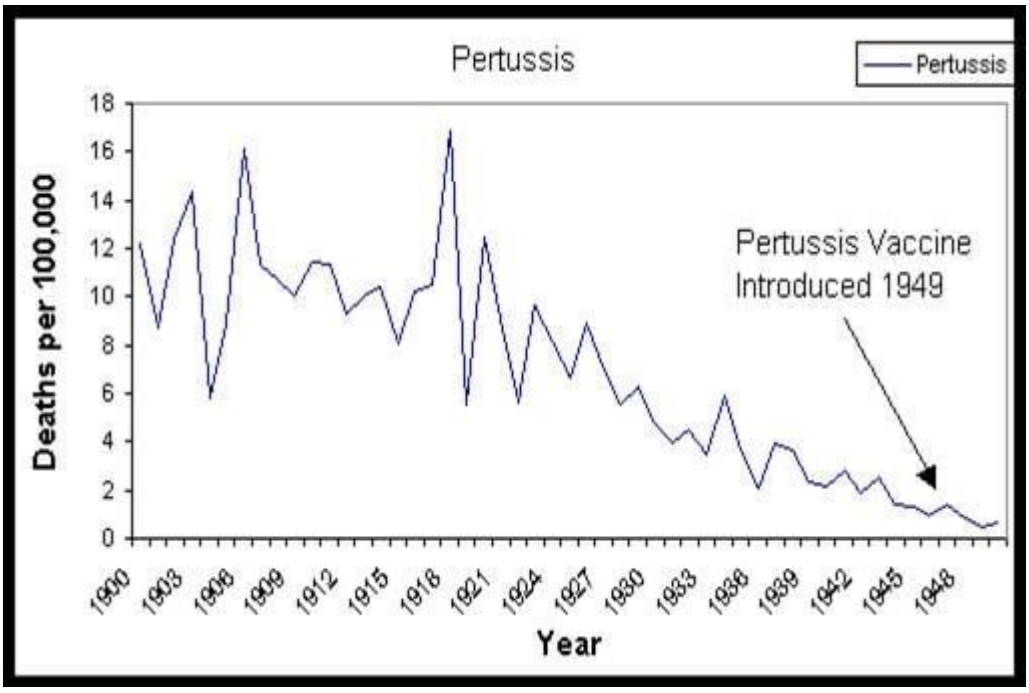


Figure 3. Death rates from Pertussis



The data suggest that public health interventions, such measures as improved hygiene, infected being being isolated are more effective and less expensive interventions to contain epidemics of respiratory viruses, with estimates of effect ranging from 55% to 91%. (10)Although strong evidence supports good hygiene as a central factor of disease prevention, the press rarely recommends measures people can adopt to best protect themselves against viral or bacterial disease, aside from vaccination.

Deconstructing the Science of Antibodies

The manufacturing methodology in vaccine development involves taking a disease agent and rendering it gradually weaker so that the body's own immune response is triggered and antibodies are generated (referred to as humoral immunity). However, the body's immune system is far greater than that targeted by a vaccine. In addition to humoral immunity,

there is also cell-mediated immunity. Cell-mediated immunity activates macrophages, natural killer cells, antigen-specific cytotoxic T-lymphocytes, and the release of various cytokines in response to a viral antigen.

Current vaccine science lacks a way to stimulate the entire immune response instead of just a portion of it. Normal exposure to disease-causing agents always begins in the nasal, ear, throat, and respiratory passages–less so through injection. Once primary immunity has been established by infection, the antibody response follows. This allows the immune system to grow stronger and to bestow natural and permanent immunity to an ever-increasing number of pathogens. Vaccines injected into the body bypass cell-mediated immunity and overstimulate humoral immunity. This confuses normal immune response maturation and skews the functioning of the immune system. Humoral immunity becomes dominant and the crucial cell-mediated immunity is suppressed: the result can be autoimmune disease and frequent infections.

According to RM Zinkernagel at the University Hospital of Zurich Institute of Experimental Immunology: "We have not succeeded in generating truly protective vaccines against persisting infections because we cannot imitate 'infection immunity' that is long-lasting, generating protective T- and B-cell stimulation against variable infections without causing disease by either immunopathology or tolerance." (11)

The weak correlation between antibody count and immunity is not a new discovery. Walene James, author of *Immunizations: The Reality Beyond the Myth,* explains that increased antibody production may not be the most important aspect of the immune process:

> Vaccines isolate antibody function, and allow it to substitute for the entire immune response. Scientific evidence questioning the role of antibodies in disease protection can be found in research performed by Dr. Alec Burton, published in a study by the British Medical Council in May 1950. The study investigates the relationship between the incidence of diphtheria and the presence of antibodies. Since diphtheria was epidemic at, or just prior to, the time of the study, the researchers had a large number of cases to investigate. The purpose of the research was to determine the existence or nonexistence of antibodies in people who developed diphtheria and in those who did not. It looked at patients and people who were in close proximity to patients, such as physicians, nurses in hospitals, family, and friends. The conclusion was that there was no relation whatsoever between antibody count and incidence of disease. The researchers found people who were highly resistant with extremely low antibody counts, and people who developed the disease who had high antibody counts. Dr. Burton also discovered that children born with a-gamma globulinemia (an inability to produce antibodies) develop and recover from measles and other infectious or contagious disease almost as spontaneously as other children. (12)

One of the foremost issues surrounding vaccine-induced immunity is that infants are biologically incapable of producing antibodies, other than immature IgM antibodies, until 6-12 months of age. The antibodies the infant acquires, such as immunoglobulins, are passed down from mother to child through breastmilk. Nevertheless, the current CDC schedule calls for more than a dozen injections during the first six months of life. If the immunological function of a fully grown adult is disrupted so significantly by vaccines, what sort of harm can we expect these same vaccines to inflict upon the delicate physiology of an infant?***

Next we will examine some of the most compelling examples of vaccine failure among the most widely-used vaccines in America today.

Influenza

The Cochrane Collaboration, the foremost group of unbiased researchers in the world, has done a series of meta-analyses on the effectiveness of the influenza vaccine with similar results. In 2014 they found that vaccinating adults against influenza did not affect the number of people hospitalized nor decrease lost work. (13)Cochrane researchers stated that their results might be overly optimistic due to the fact that 24 out of 90 studies were funded by the vaccine manufacturers, which tend to produce results favorable to their product. (14)

According to Dr. Tom Jefferson of the Cochrane Collaboration, it makes little sense to keep vaccinating against seasonal influenza based on the evidence. (15) Jefferson has also endorsed more cost-effective and scientifically-proven means of minimizing the transmission of flu, including regular hand washing and wearing masks.

Dr. Jefferson's conclusions are backed by a 2013 piece written by Johns Hopkins University School of Medicine scientist Peter Doshi, PhD, published in the British Journal of Medicine. In his article Doshi questions the flu vaccine paradigm stating:

> Closer examination of influenza vaccine policies shows that although proponents employ the rhetoric of science, the studies underlying the policy are often of low quality, and do not substantiate officials' claims. The vaccine might be less beneficial and less safe than has been claimed, and the threat of influenza appears overstated.(16)

The CDC currently recommends that elderly Americans receive a flu shot, stating that "[v]accination is especially important for people 65 years and older because they are at high risk for complications from flu." (17) Unfortunately, this serious warning flies in the face of a significant body of research showing that receiving the flu shot does not reduce mortality among seniors. (18) One particularly compelling 2005 study was carried out by scientists at the federal National Institutes of Health (NIH) and published in the Journal of the American Medical Association (JAMA). Not only did the study indicate that the flu vaccine did nothing to prevent deaths from influenza among seniors, but that flu mortality rates in fact increased as a greater percentage of seniors received the shot. (19)

After the release of the study, investigative journalist Sharyl Attkisson covered the findings in a CBS News segment. Attkisson revealed that she hoped to interview the study's lead author at NIH but was stonewalled by the agency. She eventually spoke to the only co-author of the study who was not affiliated with NIH, Dr. Tom Reichert, who stated that the research team revisited the data several times, but that no matter how they analyzed the "incendiary material", the conclusion was clear: flu shots don't improve mortality rates in the elderly population. (20)

Another important consideration in this discussion is that there are approximately 200 distinct viruses that constitute influenza and influenza-like illnesses. These organisms don't magically appear during fall and winter – they are always with us. Nevertheless we are more susceptible to flu-like infections during the colder months when there are less daylight hours. Studies suggest that the origin of the so-called flu season may actually be the reduced amount of sunlight in the winter months, with the result that we become deprived

of Vitamin D. (21,22)

Gardasil

The history of the Gardasil vaccine illustrates clearly the concerning lack of oversight on the part of our federal health authorities when it comes to testing vaccines for efficacy. Before receiving FDA approval, the popular HPV vaccine Gardasil was tested on fewer than 1200 girls. (23) A major flaw in Merck's clinical trials was the number of girls enrolled in the trials who elected to take the prescribed three vaccine doses. Only 27% of all the girls tested were actually administered the complete three-vaccine series. (24) Another remarkable misstep in the trials was that no girls under age 15 participated, despite the fact that the vast majority girls given the vaccine today are under 15 years old. (25) Nevertheless, the vaccine was approved by the FDA in 2006. In 2014, approximately 60% of all American girls and 42% of American boys aged 13-17 received at least one HPV shot. (26)

The remarkably unscientific methodology employed during Garadsil's pre- and post-licensure trials was reviewed in a 2012 analysis by scientists at the University of British Columbia and published in the journal Current Pharmaceutical Design. The research team didn't mince words in their assessment of the trials:

> We carried out a systematic review of HPV vaccine pre- and post-licensure trials to assess the evidence of their effectiveness and safety. We found that HPV vaccine clinical trials design, and data interpretation of both efficacy and safety outcomes, were largely inadequate.
>
> Additionally, we note evidence of selective reporting of results from clinical trials (i.e., exclusion of vaccine efficacy figures related to study subgroups in which efficacy might be lower or even negative from peer-reviewed publications).
>
> Given this, the widespread optimism regarding HPV vaccines long-term benefits appears to rest on a number of unproven assumptions (or such which are at odds with factual evidence) and significant misinterpretation of available data. (27)

More doubts about the FDA approval of Gardasil have come from an unlikely source, Dr. Diane Harper, a consultant for Merck and a chief scientist overseeing the licensure trials to evaluate Gardasil's safety and efficacy. After receiving FDA approval, Dr. Harper publicly questioned Gardasil's efficacy and public health value. Among her concerns is that no data show that Gardasil remains effective after 5 years. A truly effective HPV vaccine, on the other hand, would need to be efficacious for 15 years in order to prevent cervical cancer. In addition, she estimated that every American 11 year old girl would have to be vaccinated for the next 60 years in order to have any measurable effect on rates of cervical cancer.(28,29)

Gardasil's efficacy in protecting against HPV infection has also been criticized due to the fact that it originally only targeted four of the more than one hundred HPV strains in circulation. In 2014, the FDA approved Gardasil 9, which supposedly protects against nine strains. Scientists from the University of Texas presented research at the 2015 meeting of the American Association for Cancer Research revealing that vaccinated women were significantly at a higher risk to become infected with strains HPV not contained in the vaccine when compared to unvaccinated women. (30) This disturbing revelation is just the

most recent piece of evidence demonstrating Gardasil's dubious effectiveness and potentially hazardous impact on human biochemistry.

Another study published in *the* Journal of the American Medical Association (JAMA) in 2007 demonstrates the ineffective nature of Gardasil in women with HPV. The authors concluded that Gardasil offers no benefit to women recovering from HPV during a 12-month period.(31) The research team stated that they "see no reason to believe that there is therapeutic benefit of the vaccine elsewhere because the biological effect of vaccination among already infected women is not expected to vary by population." (32)

Given the high rate of recovery for people with HPV infections, the widespread use of the vaccine is highly suspect. Even the National Cancer Institute has stated that "[m]ost high-risk HPV infections occur without any symptoms, go away within 1 to 2 years, and do not cause cancer." (33) In fact, 90% of all cases of HPV disappear within 2 years. Cervical cancer is highly curable when detected early.

It's important to note that advances in medicine and the regular use of pap smears have helped decrease the incidence of cervical cancer in the United States by over 50% since the 1970s. (34) Examining health data from Finland and the UK , Dr. Harper and her colleagues concluded that HPV vaccinations give a false sense of security to many young women and girls who in turn opt out of regular pap smear tests. According to Dr. Harper, this trend has resulted in exponential *increases* in recent HPV rates. (35)

Even more alarming, Gardasil has gained notoriety as one of the most dangerous vaccines for it serious life-threatening adverse effects. As of October 2015, the federal program known as Vaccine Adverse Event Reporting System (VAERS) has received over 41,000 cases of adverse reactions from the HPV vaccine, including 234 deaths. (36)

Whooping Cough (Pertussis)

The vaccine for pertussis, better known a whooping cough, is packaged together with Diptheria, and Tetanus (DtaP) and given according to a robust vaccine schedule of 5 injections by age six. It is the most administered vaccine in the childhood vaccination schedule: at 2 months, 4 months, 6 months, 15-18 months, and 4-6 years. (37)

Despite regular administration of booster shots, scientific evidence now suggests the vaccine does not effectively confer immunity against pertussis. As one recent study published in Clinical Infectious Diseases put it, "pertussis is currently the least well-controlled vaccine-preventable disease despite excellent vaccination coverage and 6 vaccine doses recommended between 2 months of age and adolescence." (38)

The ineffective nature of the pertussis vaccine was brought into sharp focus in 2010 when California witnessed a dramatic rise in whooping cough cases, over 9,100 people cases, many of them children. A study assessing the vaccine's efficacy discovered that an extraordinarily high 80% of all children who contracted the illness were fully vaccinated. (39)

One explanation for the pertussis vaccines remarkable lack of efficacy can be found in a 2010 study undertaken at Penn State's Center for Infectious Disease Dynamics. The team found that the whooping cough vaccine promotes the colonization of Bordetella parapertussis, pertussis' causal bacterial agent. Based on their findings, the researchers

posited that the whooping cough vaccine itself may be contributing to the marked resurgence of whooping cough cases compared to the previous decade. (40)

Further evidence casting doubt on the whooping cough vaccine's usefulness was presented at a 2013 meeting of the CDC's Board of Scientific Counselors, Office of Infectious Diseases. During the meeting, CDC officials pointed out that the widespread use of the DtaP vaccine has given rise to more virulent pertussis strains. What is novel about these new emerging strains is that they lack pertactin (PRN), the antigen current pertussis vaccines target. The meeting's participants noted that "vaccinated patients had significantly higher odds than unvaccinated patients of being infected with PRN- deficient strains."(41) Another recent study surveyed the incidence of whooping cough in eight states. The survey found that fully vaccinated children were two to four times more likely to contract an PRN-deficient strain than the unvaccinated population. (42)

A further reason for the pertussis vaccine's failure to control communal infection is because vaccinated children may become asymptomatic carriers of the pathogen. There is strong evidence that vaccinated populations may be infected with the whooping cough but not present symptoms. (43) The serious downside to this is that asymptomatic carriers can transmit the disease to unvaccinated individuals, especially infants who run the highest risk of suffering complications from pertussis. It also lends credence to new research implicating vaccinated older siblings, not parents, as the primary source of infection for whooping cough among infants. This research runs counter to the entire notion of herd immunity, which states that older populations must be immunized in order to protect infants who are not old enough to receive the vaccine. (44)

Measles

The efficacy of the measles vaccine has also come under serious scrutiny in recent years. In, 2014 Dr. Gregory Poland, Editor in Chief of the journal Vaccine and founder of the Mayo Clinic's Vaccine Research Group, published an alarming statement that the measles vaccine has a poor efficacy record. Despite the high 95% measles vaccination compliance among children entering kindergarten, and the CDC's propaganda that the MMR vaccine has defeated the virus, measles outbreaks continue to increase. During the first half of 2014, there were 16 large measles outbreaks in the US. Dr. Poland does not believe this is due to unvaccinated individuals, but because of the vaccine's failure to confer immunity. (45)

During the first six months of 2011, there were 118 cases of measles reported to the CDC from 23 states and New York City. There were no fatalities. Among the 118 cases, 105 were both "import-associated" and unvaccinated. Of the 87 U.S. residents who came down with measles, 74 were unvaccinated: 39 under age 20, and 35 age 20 and older. (46)

The CDC focused heavily on the unvaccinated measles victims while giving no time to the analysis of those vaccinated individuals who also became ill. In fact, 13 of the group (17.5%) had received the MMR vaccine but got measles anyway. While the CDC uses these incidents of disease outbreak to stress the need for vigilant adherence to the vaccine schedule, the real take home message here is that 17.5% of a group of vaccinated individuals got sick despite the vaccine. One thing, however, is certain: all of the unvaccinated people who came down with measles now have a lifelong immunity against measles. For those who became infected despite having been vaccinated, we just don't know. Could the vaccine prevent these people from developing the normal lifetime immunity? No research has been undertaken to prove this point.

Likewise, a 1985 measles outbreak in a Texas community found that the 14 students out of 1806 who contracted measles were all vaccinated – no exceptions, and no reports of exposure from a foreign endemic area for any of the students.(47)

Chicken pox (Varicella)

The Chicken Pox vaccine is yet another example of a failed vaccine. The present vaccine was licensed in 1995. Following its release, an estimated 25 percent of children were still spreading the varicella virus or getting ill themselves. Anne Gershon, a chicken pox expert and director of pediatric infectious disease at Columbia University Medical Center, says, "We really need boosters of vaccines much more than we thought we ever would." (48)

This begs the question: how many boosters would be enough? Our vaccines do not confer lifelong immunity. Therefore to compensate for vaccines' limitation and steady decline in providing immunity, more and more boosters are required. Consequently, in 2006, the CDC recommended that a second chicken pox shot be added to the childhood vaccination schedule. Gershon says it "looks like" a second shot will keep children from getting sick. (49)

Research into the efficacy of the varicella inoculation, however, has increased skepticism about the vaccine. In 2005, South Korea mandated the chickenpox vaccine to all children under 15 months. Regardless of the country's 97% compliance—well, above herd immunity's claims to eradicate infectious disease—chickenpox infections have not declined. Rather, between 2006 and 2011, there has been a three-fold increase in chickenpox cases. (50) American research has also yielded proof of a significantly higher rate of vaccine failure despite its widespread administration. (51)

Mumps

Mumps infections is another virus frequently found in vaccinated populations. In 2006 the US experienced the largest nationwide mumps epidemic in 20 years, primarily infecting students on college campuses. Authorities have attempted to blame these outbreaks on crowded dormitory conditions, instead of considering the obvious: the vaccine simply isn't effective for very long.

In 2009-2010 New York and New Jersey witnessed over 1500 mumps cases among highly vaccinated groups: 88% of infected children had received at least one vaccine and 75% had received the recommended two doses. According to Dr. Jane Zucker, NYC Assistant Commissioner of Immunization, "We know that approximately one in every 20 people who are vaccinated may not develop antibodies." A Reuters reporter went even further, stating, "The mumps virus can mutate, so people who have had only one or even two doses of vaccine remain vulnerable." (52) How can a vaccine with such negligible immunity not only be recommended but required for school attendance?

Calling for Science-Based Vaccinology

It is certainly reasonable and responsible to suggest that if a vaccine were proven to be safe and effective by a gold standard of science, it would be an important health service for every child and adult. However, at this moment no such assurance can be made based upon quality science. At the very least we should require unbiased, independent, double-blind, placebo-controlled studies of every vaccine, both individually and collectively with no input

from vaccine manufacturers or their colleagues, associates or consultants. To ensure a healthier future, it is crucial that we stand up today and demand a new paradigm of vaccinology based on independent, science-based medicine.

Endnotes

1. Weinberg, Geoffrey A., and Peter G. Szilagyi. "Vaccine Epidemiology: Efficacy, Effectiveness, and the Translational Research Roadmap." The Journal of Infectious Diseases J INFECT DIS 201.11 (2010): 1607-610. Web.
2. Miller, N. "The polio vaccine: a critical assessment of its arcane history, efficacy, and long-term health-related consequences" Medical Veritas. Vol. 1 239-251, 2004
3. McBean E. The Poisoned Needle. Mokelumne Hill, California: Health Research,1957
4. Ibid
5. Humphries, S. "Smoke, Mirrors and the Disappearance of Polio," International Medical Council on Vaccination. November 17, 2011
6. "Vaccine Pioneer Doctor Admits Polio Vaccine Caused Cancer" http://healthimpactnews.com/2013/vaccine-pioneer-doctor-admits-polio-vaccine-caused-cancer/
7. Miller, N. "The polio vaccine: a critical assessment of its arcane history, efficacy, and long-term health-related consequences" Medical Veritas. Vol. 1 239-251, 2004
8. Alternatives Medicine Digest (AlternativesMedicine.com), "Vaccination is not Immunization,"
9. Vital Statistics of the United States 1987 Volume II – Mortality Part A, U.S. Department of Health and Human Services,Jefferson T, Physical Interventions to Interrupt or Reduce the Spread of Respiratory Viruses: Systematic Review. British Medical Journal 2009 Sep 21; 339
10. Zinkernagel RM Protective 'immunity' by pre-existent neutralizing antibody titers and preactivated T-cells but not by so-called 'immunological memory'." Immunological Review 2006, Jun, 211;310-319
11. James W. Immunization: The Reality Behind the Myth. Massachusetts: Bergin & Gervey; 1988.
12. Jefferson T et al, Vaccines for Preventing Influenza in Healthy Adults, Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD001269. DOI: 10.1002/14651858.CD001269.pub4, June 3, 2010, http://summaries.cochrane.org/CD001269/vaccines-to-prevent-influenza-in-healthy-adults, accessed December 4, 2011
13. Ibid
14. 25. 'A Whole Industry Is Waiting For A Pandemic', Der Spiegel, http://www.spiegel.de/international/world/0,1518,637119-2,00.html, accessed December 4, 2011
15. Doshi, P. "Influenza: Marketing Vaccine by Marketing Disease." BMJ 346 (2013): F3037. Accessed November 30, 2015. doi:http://dx.doi.org/10.1136/bmj.f3037.
16. "What You Should Know and Do this Flu Season If You Are 65 Years and Older" http://www.cdc.gov/flu/about/disease/65over.htm
17. Urashima, M., T. Segawa, M. Okazaki, M. Kurihara, Y. Wada, and H. Ida. "Randomized Trial of Vitamin D Supplementation to Prevent Seasonal Influenza A in Schoolchildren." American Journal of Clinical Nutrition, 2010, 1255-260. Accessed November 30, 2015. doi:doi: 10.3945/ajcn.2009.29094.Essen, Marina Rode Von, Martin Kongsbak, Peter Schjerling, Klaus Olgaard, Niels Ødum, and Carsten Geisler. "Vitamin D Controls T Cell Antigen Receptor Signaling and Activation of Human T Cells." Nature Immunology Nat Immunol 11, no. 4 (2010): 344-49. Accessed November 30, 2015. doi:10.1038/ni.1851.
18. . Lind, Peter. "U.S. Court Pays $6 Million to Gardasil Victims." Washington Times. December 31, 2014. Accessed November 30, 2015.

http://www.washingtontimes.com/news/2014/dec/31/us-court-pays-6-million-gardasil-victims/?page=all. “Don’t Give This to Your Daughter – Despite What Your Doctor Says .” Dr. Mercola.com . http://articles.mercola.com/sites/articles/archive/2010/11/05/gardasil-vaccine-is-a-flop-for-good-reasons.aspx (accessed September 16, 2011).

19. 9/15/11. The Gary Null Show. Progressive Radio Network. 15 Sept. 2011. Radio.
20. Tomljenovic, Lucija, Jean Pierre Spinosa, and Christopher A. Shaw. “Human Papillomavirus (HPV) Vaccines as an Option for Preventing Cervical Malignancies: (How) Effective and Safe?” Current Pharmaceutical Design 19, no. 8 (2013): 1466-487. Accessed December 1, 2015. Attkisson, Sharyl. “Gardasil Researcher Speaks Out – CBS News.” Breaking News Headlines: Business, Entertainment & World News – CBS News. http://www.cbsnews.com/stories/2009/08/19/cbsnews_investigates/main5253431.shtml (accessed September 16, 2011).
21. 9/15/11. The Gary Null Show. Progressive Radio Network. 15 Sept. 2011. Radio
22. “Presentation Abstract” http://www.abstractsonline.com/plan/ViewAbstract.aspx?mID=3682&sKey=7f019f73-accb-484e-becc-5ecc405f8ec5&cKey=e2313b32-d6ac-4443-ab2d-49c368ea3b89&mKey=19573a54-ae8f-4e00-9c23-bd6d62268424
23. Hildesheim, A., R. Herrero, S. Wacholder, A. C. Rodriguez, D. Solomon, M. C. Bratti, J. T. Schiller, P. Gonzalez, G. Dubin, C. Porras, S. E. Jimenez, and D. R. Lowy. “Effect Of Human Papillomavirus 16/18 L1 Viruslike Particle Vaccine Among Young Women With Preexisting Infection: A Randomized Trial.” JAMA: The Journal of the American Medical Association 298, no. 7 (2007): 743-53.Ibid
24. http://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-fact-sheet
25. Park, Alice. “Pap Tests: Another Revision of Recommendations – TIME.” Breaking News, Analysis, Politics, Blogs, News Photos, Video, Tech Reviews – TIME.com. http://www.time.com/time/health/article/0,8599,1942044,00.html (accessed September 16, 2011).
26.] 9/15/11. The Gary Null Show. Progressive Radio Network. 15 Sept. 2011. Radio.
27. http://sanevax.org/
28. “Help Protect Babies from Whooping Cough” http://www.cdc.gov/features/pertussis/
29. Martin, S. W., L. Pawloski, M. Williams, K. Weening, C. Debolt, X. Qin, L. Reynolds, C. Kenyon, G. Giambrone, K. Kudish, L. Miller, D. Selvage, A. Lee, T. H. Skoff, H. Kamiya, P. K. Cassiday, M. L. Tondella, and T. A. Clark. “Pertactin-Negative Bordetella Pertussis Strains: Evidence for a Possible Selective Advantage.” Clinical Infectious Diseases 60, no. 2 (2014): 223-27. Accessed December 1, 2015. doi:10.1093/cid/ciu788.Stobbe, Mike. “Study: Whooping Cough Vaccination Fades in 3 Years.” Yahoo Finance. September 19, 2011. Accessed November 11, 2015. http://finance.yahoo.com/news/Study-Whooping-cough-apf-2422268709.html.Long, G. H., A. T. Karanikas, E. T. Harvill, A. F. Read, and P. J. Hudson. “Acellular Pertussis Vaccination Facilitates Bordetella Parapertussis Infection in a Rodent Model of Bordetellosis.” Proceedings of the Royal Society B: Biological Sciences 277, no. 1690 (2010): 2017-025. Accessed December 1, 2015. doi:10.1098/rspb.2010.0010. “Meeting of the Board of Scientific Counselors, Office of Infectious Diseases Centers for Disease Control and Prevention” http://www.cdc.gov/maso/facm/pdfs/BSCOID/2013121112_BSCOID_Minutes.pdf
30. Martin, S. W., L. Pawloski, M. Williams, K. Weening, C. Debolt, X. Qin, L. Reynolds, C. Kenyon, G. Giambrone, K. Kudish, L. Miller, D. Selvage, A. Lee, T. H. Skoff, H. Kamiya, P. K. Cassiday, M. L. Tondella, and T. A. Clark. “Pertactin-Negative Bordetella Pertussis

Strains: Evidence for a Possible Selective Advantage." Clinical Infectious Diseases 60, no. 2 (2014): 223-27. Accessed December 1, 2015. doi:10.1093/cid/ciu788.Warfel, J. M., L. I. Zimmerman, and T. J. Merkel. "Acellular Pertussis Vaccines Protect against Disease but Fail to Prevent Infection and Transmission in a Nonhuman Primate Model." Proceedings of the National Academy of Sciences 111, no. 2 (2013): 787-92. Accessed December 1, 2015. doi:10.1073/pnas.1314688110.Skoff, T. H., C. Kenyon, N. Cocoros, J. Liko, L. Miller, K. Kudish, J. Baumbach, S. Zansky, A. Faulkner, and S. W. Martin. "Sources of Infant Pertussis Infection in the United States." Pediatrics 136, no. 4 (2015): 635-41. Accessed December 1, 2015. doi:http://dx.doi.org/10.1542/peds.2015-1120.Haelle, Tara. "Measles Cases Are Spreading, despite High Vaccination Rates. What's Going On?" Washington Post, June 23, 2014.CDC Morbidity and Mortality Weekly, "Measles – United States, January – May 20, 2011

31. Gustafson TL, New England Journal of Medicine, 316: 717-774, March 26, 1987, Measles Outbreak in a Fully Immunized Secondary School Population
32. National Public Radio, "Lifelong Immunity? With Vaccines, it Depends." October 11, 2010, Nancy Shute[i]Ibid
33. Hee Oh, Sung, Et Al. "Varicella and Varicella Vaccination in South Korea." Clin Vaccine Immunol. 21, no. 5 (2014): 762–768. Accessed December 1, 2015. doi:10.1128/CVI.00645-13.Michalik, David E., Sharon P. Steinberg, Philip S. Larussa, Kathryn M. Edwards, Peter F. Wright, Ann M. Arvin, Haley A. Gans, and Anne A. Gershon. "Primary Vaccine Failure after 1 Dose of Varicella Vaccine in Healthy Children." The Journal of Infectious Diseases J INFECT DIS 197, no. 7 (2008): 944-49. Accessed December 2, 2015. doi:10.1086/529043.
34. Barskey AE Mumps, Resurgences in the United States: A Historical Perspective on Unexpected Elements. Vaccine. 2009 Oct 19;27(44);6186-95.
35. Simonsen, Lone, Reichert, Thomas, et al. . "Impact of Influenza Vaccination on Seasonal Mortality in the US Elderly Population." Arch Intern Med Archives of Internal Medicine 165, no. 3 (2005): 265. Accessed December 1, 2015. doi:10.1001/archinte.165.3.265.Glezen, W P., and Lone Simonsen. "Commentary: Benefits of Influenza Vaccine in US Elderly–new Studies Raise Questions." International Journal of Epidemiology 35, no. 2 (2006): 352-53. Accessed December 1, 2015. doi:10.1093/ije/dyi293."Govt. Researchers: Flu Shots Not Effective in Elderly, After All" https://sharylattkisson.com/govt-researchers-flu-shots-not-effective-in-elderly-after-all/
36. Teen Vaccination Coverage 2014 National Immunization Survey-Teen (NIS-Teen)http://www.cdc.gov/vaccines/who/teens/vaccination-coverage.html
37. "More than 1,500 affected in NY, NJ mumps outbreak" Julie Steenhuysen, Reuters, February 11, 2010.

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