Vaccine Risk Denialism Has Placed Pediatricians and Other Physicians in a Precarious Social Position

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Following a lecture I gave at UCLA earlier this month reviewing our research on chronic vaccine aluminum toxicity expected from the CDC pediatric vaccine schedule, I was being dropped off at the LAX via a hotel shuttle. The shuttle driver, a middle-aged woman, asked me what I did for a living.

“I am a biomedical research scientist”, I replied.

“Oh, biomedicine, cool” she said. “What area?”

“Vaccine safety research” I said, pretty well knowing what to expect next.

“Vaccine safety research? I thought that had already determined that vaccines are safe and effective”.

I’ll leave the rest of the conversation, which went very well, to your imagination.

As I assess the anticipated future reaction of the rest of the American public as they realize that the success of the vaccination program as a primary driver in the reduction of infectious diseases is overstated, and as they realize that the vaccine safety science is not settled, I can fairly well tell where the axe of accountability is going to fall.

The public’s view is that the pristine reputation and awarded authority of the CDC is to be heralded. To cite a CDC statistic or fact quoted from CDC, say, on rates of specific health conditions is to imbue those statistics and facts with a sheen of trust. CDC’s reputation is impeccable.

This fact puzzles the vaccine risk aware, who are aware that former CDC Director Julie Gerberding, who oversaw the CDC during the CDC’s key years in “investigating” vaccine safety with underpowered and manipulated studies, left CDC for a high-ranking job at Merck in their vaccine division. Most do not know that Dr. Gerberding also led the ATSDR – the toxicology division at CDC that cherry-picked aluminum safety data and, *contra* the rest of the world’s understanding of aluminum toxicity science, misinterpreted the one study they chose – an oral dose of ingested form of aluminum in adult mice – they relied upon to convince the world that vaccine doses of aluminum are likely safe.

Most Americans deflect the real significance of the knowledge that a CDC Director left for Merck with an eye-roll of how corrupt “the system” is, as if the *status quo*, as wrong as it is, is to be expected because it is the *status quo*. Most Americans seem to fail to process or let in the fact that this person oversaw the most corrupt era in biomedical science on the most imporant question of the latter quarter century: are vaccines safe for our children, our legacy, our reason as parents for everything we do?

The preamble to the United States Constitution reads

“…to secure the blessings of liberty to ourselves and our posterity…”

Our posterity is our children, our future generations.

Nevertheless, when Pharma convinced the Senate in the 1980's that because there were so many lawsuits for injuries from vaccines they would pull out of the vaccine market unless their products were made liability-free, the result was the 1986 National Childhood Vaccine Injury Act. Vaccine manufacturers were indemnified from liability – and since the Act became law, no American citizen can sue pharmaceutical companies for injury from their products. Part of the result has been a stagnation in technological development: vaccines would have been made safer due to recalls and losses in court. Instead, the paradigm that vaccine are "unavoidably unsafe" took hold, becoming codified, and it now represents the backbone legal paradigm upon which vaccine law and policies are based.

At the same time, the US public believes that "vaccine are safe, full stop" because that's what the CDC says, and that's what they are told by the media. This is not a paradox, but is, instead a direct contradiction of a statement of reality. The CDC and media are following a vaccine risk and injury denialist agenda that flies in the face of increasingly abundantly obvious facts:

(1) The National Vaccine Injury Compensation Program has doled out over $4.5Billion in awards and settlements for vaccine INJURY.

(2) The US passed a law in 1986 mandating that vaccines be made safer, and that steps be taken to identify individuals who are at highest risk of vaccine injury or death. Those parts of the NCVIA have not been fulfilled, and yet vaccine manufacturers enjoy legal protection from liability.

When it became clear that vaccine makers were to become free from liability, pediatricians became concerned over their exposure to medical malpractice and injury lawsuits, and thus they, too were indemnified. The deal with those writing the act initially included that pediatricians would explain known risks to all patients and parents of patients so they could allow for prior and voluntary informed consent – in other words, parents would decide. The physicians countered with complaints that such a process would take too long and that the public really would not be able to make the right choice in the face of such information, and so a compromise was crafted by which physicians could become "learned intermediaries" who would communicate the risks via CDC's Vaccine Information Statements (VISs). These sheets of paper were to be given to patients prior to any vaccination decision, and the physcian was to abide by the decision of the parents or patient.

That's the law codified following the compromise.

Since then, the CDC has worked to change the language of the VISs out of concern that they were scaring parents away from vaccination. They went so far as to try to censor American citizens' comments, including yours truly, in an open, public comment period against weakening the language of the MMR. Some simple legal communications reverse their very bad decisions.

Since then, the American Academy of Pediatrics has issued a statement that pediatricians can kick families who choose to not vaccinate out of their practices. Since then, the US Press has amplified irresponsible and Un-American calls to prosecute American doctors and citizens for discussing vaccine risk.

Let's remember that since then, in 2017, Rachel Cohen, of The Boston Herald called speech against vaccines a "hanging offense". Lynching – a mob act of violence that is the epitome of an expression of hate in America, does not belong in the minds of those seeking a rational future of healthy immunity.

Since then, in 2018, the WHO called so-called "Anti-vaxxers" (itself a form of hate speech) one of the top public health threats of 2019.

It is stunning, therefore, that the WHO scientists last month on Dec 2, 2019, were videotaped calling for vaccine safety science to shore up public confidence in vaccines.

These events are best covered, I think, by the Highwire's Del Bigtree and team's latest episode, their first in 2020, the snippets played capture language being used that some in the US would like to have labeled 'hate speech'.

Some selected stunning admissions from WHO are here.

You can access the full WHO video here, and the Highwire coverage on Youtube. https://www.who.int/news-room/events/detail/2019/12/02/default-calendar/global-vaccine-safety-summit

In the WHO video of the event, Dr. Heidi Larson, a US anthropologist (not a biologist, nor a geneticist, nor an immunologist), says the following:

"We're in a unique position in human history, where we've shifted the human population … to dependency on vaccine-induced immunity. And that's on the great assumption that populations would cooperate. And for many years people lined up, the six vaccines, people were there, they saw the reason. We're in a very fragile state now. We have developed a world that is dependent on vaccinations. We don't have a choice but to make that effort, to make that extra… ***Our biggest, one of our biggest challenges, I think now, is getting rid of the term 'anti-vax', getting rid of the hostile language, and starting to have more conversations, to be open to questions, to make people feel like they shouldn't be judged when they're asking questions****. As crazy as those questions might seem to you, as, as stupid as they might seem, or as ignorant as they might seem. We can't risk losing another person's confidence in safety right now."*

This is the same Heidi Larson who had previously called for tracking of vaccine dissenters (BBC Video Link, courtesy John Stone:)

https://www.bbc.co.uk/programmes/p07p83wm

The WHO's Vaccine Confidence project represents a major paradigm shift, and governments of the world and the press should take note: All of the points made by the participants have been being made repeatedly over the years by the so-called "Anti-Vaxxers", the "Vaccine Hesitant", who prefer to be called "The Vaccine Risk Aware", or, especially if they or their loved ones represent the initial observations of vaccine injury, "Ex-Vaxxers".

The Vaccine Risk Denialism agenda has left pediatricians in an extremely socially vulnerable position. As studies come out in 2020 showing adverse health outcomes associated with vaccination, the public will be demanding answers from their pediatricians on how they could not have known. "I did not know, we were not taught anything about vaccines in medical school" is not going to be an acceptable answer. Proof of this is below, in the videos and the transcripts for selected clips.

I know the public will demand answers, and they will demand change. As a voice of reason, I propose that we take a civilized response as possible, and, along with parents of vaccine injured children, establish a Vaccine Injury and Death Truth and Reconciliation Panel, empowered by Congress with prosecutorial powers, to bring forward complete and full disclosure from all parties to scientific fraud and medical malfeasance and misconduct. There are a large number of changes that must be made right away to ensure safe passage of our population out of vaccine dependency into a future of healthy immunity.

(1) Vaccines should no longer to legally considered "unavoidably unsafe". A House and Senate resolution stating this should suffice.

(2) Pediatricians should no longer be protected from liability. Informed consent in the office must be mandated and existing laws and Federal regulations must be enforced.

(3) Vaccine makers should no longer protected from liability.

(4) Mandatory active tracking of vaccine injury by a non-governmental institution should be enacted.

(5) Parts of the Act that mandate making vaccines safer and finding those at highest risk would have to be prioritized and such research should be independent of vaccine profit interests.

(6) Ban thimerosal.

(7) Ban aluminum.

(8) Ban unsafe epitopes.

(9) All vaccine safety science should be done with a pool of funds from Pharma and the US Gov't, distributed via NIH-like grant reviews to investigators not vested in vaccinations.

(10) Ban incentives for vaccine quotas.

(11) Mandate the funding of curative treatments for vaccine injuries.

(12) Immediate compensation of all who have filed in the NVICP and reform the compensation program to seek out and identify those most harmed by vaccines.

(13) Reform vaccine risk education in medical schools.

I have a hard time considering not prosecuting someone **to make an example of** for violating the rights to informed consent for experimentation without consent; it's in CFR, and violations are rampant.

We need to codify real restrictions in regulatory agency personnel rights.
Most don't know, for example, that Dr. Julie Gerberding headed up the ATSDR at CDC when they *faked* aluminum safety transmogrifying a PTWI (provisional tolerable weekly intake) from 1-2 mg/week to 1 mg/kg/day (adults).

Most do know that oral doses of aluminum have nothing to do w/injected doses, but most do not know that that FDA's 850-1150 mcg per dose fiasco seems "safe" due to ATSDR's bullshit on aluminum oral safety doses.

Dr. Gerberding headed up the ATSDR, buried the Destefano et al. fraudulent study, and made CYA statements in the press on vaccines and autism before she jumped ship.

The audacity of the social and societal impact of these comments today, in mid-January, 2020, may appear to be beyond the pale of objectivity or even reality to some. But I will predict, given the discussion that the WHO has now opened, that by January 13, 2021, we will see either major societal upheaval as the entrenched system of corruption fights to maintain its stronghold, or a Truth and Reconciliation movement that will carry forward a civil change in society.

I would be pleased to help create the panel of individuals that I think would be most able to adjudicate the proceedings. My selections will surprise some. Of course, trust in these people is key, and they should be non-partisan. They should have done their homework on vaccines, and in an established manner, they should have wisdom of experience. Most of all, they should be pro-science. We cannot have a future in which Science is blamed for Corruption's influences.

And they should protect pediatricians and lead the charge for reform of vaccine risk education in medical schools.

Here is the Youtube-generated transcript of the Highwire's selected clips, slightly edited from listening to the audio (emphases mine):

Prof. Heidi Larson, PhD (Director, WHO Vaccine Safety Confidence Project). There's a lot of safety science that's needed and without the good science we can't have good communication so although I'm talking about all these other contextual issues and communication issues. It absolutely needs, science [it] is the backbone. You can't repurpose the same old science to make it sound better if you don't have the science that's relevant to the new problem. So we need much more investment in safety science.

Soumya Swaminathan, MD (Chief Scientist, WHO Pediatician). I think we cannot overemphasize the fact that that we really don't have very good safety monitoring systems in many countries and this adds to the miscommunication and the misapprehensions because we're not able to give clear-cut answers when people ask questions about the **deaths that have occurred due to a particular vaccine** and this always gets blown up in the media. One should be able to give a very factual account of what exactly's happened and what the cause of that saw but **in most cases there's some obfuscation at that level** and and therefore there's less and less trust then in the system.

Dr. Martin Howell Friede (Coordinator, Initiative for Vaccine Research, WHO/HW/IVR). Every time that there is an association be a temporal or not temporal the first accusation is it is the adjuvant and yet without adjuvants we are not going to have the next generation of vaccines and many of the vaccines that we do have ranging from tetanus through to HPV require adjuvants in order for them to work so the challenge that we have in front of us is how do we build confidence in this and the confidence first of all comes from the regulatory agencies.

When we add an adjuvant it's because it is essential we do not add adjuvants to vaccines because we want to do so **but when we add them it it adds to the complexity** and I give courses every year on how do you develop vaccines how do you make vaccines and the first lesson is while you're making your vaccine if you can **avoid using an adjuvant** please
do so Lesson two is if you're going to use an adjuvant use one that has a history of safety and lesson three is if you're not going to do that think very carefully

Stephen Evans (BA MSc FRCP Hon. FRCP, Professor of Pharmacoepidemiology, London School of Hygiene and Tropical Medicine). It seems to me that adjuvants multiply the immunogenicity of the antigens that they are added to and that is their intention it seems to me they multiply the reactogenicity in many instances and therefore it seems to me that it is not too unexpected if **they multiply the incidence of adverse reactions that are associated with the antigen but may not have been detected through lack of statistical power in the original studies**.

Friede: You are correct as we add our events especially some of the more recent adjuvant such as the ASO and Saponin and derived adjuvant we do see increased local reactogenicity. **The primary concern though usually is systemic adverse events rather than local adverse events** and we tend to get in the Phase Two in the Phase Three studies quite good data on the local reactogenicity. Those of us in this room that are beyond the age of 50 who have had the pleasure of having the recent shingles vaccine will know that this does have quite significant localreactogenicity if you got the vaccine. You know that you got the vaccine.

But this is not the major health concern the major health concern which we are seeing are accusations of long term long term effects. So to come back to this once again I'm going to point to the regulators. It comes down to ensuring that we conduct the Phase Two in the Phase Three studies
with adequate size and with the ad with appropriate measurement.

Dr. David Kaslow, MD (VP Essential Medicines Drug Development Program (PATH Center for Vaccine Innovation and Access). So in our clinical trials we are actually using relatively small sample sizes and when we do that we're at risk of tyranny of small numbers which is you just need a single case of Wegener's granulomatosis and your vaccine has to solve Walt's (Orenstein) "How do you prove a null hypothesis" and it takes years and years to try to figure to figure that out so it's a real conundrum right getting the right the right size dealing with the tyranny of small numbers making sure that you can can really do it and so I think one of the things that **we really need to invest in are kind of better biomarkers, better mechanistic understanding of how these things work so we can better understand adverse events** as they come up.

Dr. Marion Gruber (Director, Office of Vaccine Research and Review, CBER, FDA). One of the additional issues that complicates safety evaluation is if you look at a new struggle is the **length of follow-up that should be adequate in a let's say pre-licensure** or even post marketing study if that's even possible… and again as you mentioned **pre-licensure clinical trials may not be powered enough** … it's also the subject population that you administer the adjuvant to because we've seen data presented to us where in at event a particular achievement added to a vaccine antigen did really nothing when administered to a certain population and usually the elderly you know compared to to administering the same formulation to two younger age strata so so these are things which need to be considered as well and further complicate safety and effectiveness evaluation of achievements combined with vaccine antigens

Dr. Bassey Okposen, Program Director, National Emergency Routine Immunization Coordination Center, Nigeria). It comes back my mind to our situation in Nigeria where our six weeks 10 weeks 14 weeks a child is being given different antigens from different companies and these vaccines have different are different different preservatives and so on something crosses my mind **is there a possibility of these advanced preservatives cross-reacting amongst themselves have they ever been study on the possibility of cross reactions among themselves** that you can share the experience with us?

Dr. Robert Chen (Brighton Collaboration). Now the only way to tease that out is if you have a large population database like the Vaccine Safety Datalink as well as some of the other national databases that are coming to being where the actual vaccine exposure is tracked down to that level of specificity of who is the manufacturer what is the lab number etc etc And and there's initiative to try to make the vaccine label information
bar-coded so that it includes that level of information so that in the future when we do these type of studies were able to tease that out. And and in order to be –**each time you subdivide them the sample size gets becoming more and more challenging and that's what I said earlier today about that we're really only in the beginning of the era of large data sets** where hopefully you could start to kind of harmonize the databases for multiple studies and there's actually a initiative underway. Helen there may want to comment on it to try to get more national vaccine safety data base linked together so we could start to answer these type of questions that you just raised.

Larson: The other thing that's a trend and in an issue is not just confidence in providers but confidence of healthcare providers. **We have a very wobbly health professional front line that is starting to question vaccines and the safety of vaccines**. When the front line professionals are starting to question or they don't feel like they have enough confidence about the safety to stand up to it to the person asking them the questions **I mean most medical school curriculums even nursing curriculums I mean in medical school you're lucky if you have a half-day vaccines nevermind keeping up to date with all this.**


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