DO VACCINES PROTECT AGAINST DISEASES AT ALL?  Bronwyn Hancock  25/1/99

Almost all of us have grown up knowing that our developed world suffers so much less from diseases than in the past, and we have happily accepted what we have been told, which is that the reason is vaccination. This is certainly what I assumed before I ever started looking at it.

Unfortunately, however, it turns out that there is no scientific evidence that vaccines are at all effective, from a statistical OR immunological point of view. In fact there is evidence that they are even counterproductive, in relation to the very diseases they are supposed to be protecting against. I will address these points of view in turn. Within each one I will address the evidence for their ineffectiveness first, then for their counterproductivity…

**Statistical evidence indicating ineffectiveness:**

Looking at it from a statistical point of view, the statements we keep getting that cases/deaths declined since the introduction of vaccines are meaningless, because they were already declining, in fact they had already dropped by 90% this century by the time the vaccines were introduced.

The only “evidence” that is ever provided to the public for their effectiveness (and even then not often!) is that SOME graphs will portray an actual acceleration in the decline in the number of REPORTED cases of a disease after the introduction of the vaccine. Whilst I have not yet seen this published in any refereed medical journal, it would not surprise me to see it. However there are many facts that all tend to undermine the significance of this “evidence”. These include the following:

1) There was no corresponding acceleration in the decline in death rates,

2) The diagnostic guidelines given to doctors were supplemented with “No history of vaccination”, when the vaccine was introduced,

3) Doctors, who base their diagnosis on symptoms, can be misled by the distortion of the symptoms caused by the damage of the immune system by vaccines, e.g. not getting a rash with measles. Consequently they can be less likely to correctly identify the virus or bacteria that is present in such individuals,

4) It is well documented that doctors under-report cases in vaccinated (compared with unvaccinated) individuals¹,

5) In outbreaks of diseases, figures often indicate anyway that the percentage of cases vaccinated are as high, sometimes even higher than the uptake levels in the community, e.g. **87% of cases of whooping cough in S.A. from 1990 to 1996 were fully vaccinated** (according to questionnaires to parents), in U.S. outbreaks **98%**, up to **even 100%** (Illinois 1984 – measles) of cases have been fully vaccinated (Bull WHO 1993) – See Appendix, and

6) Sometimes the vaccination programs were implemented/stopped at peak/trough times of the natural 3-4 year disease cycles (possibly deliberately on some occasions), with the inevitable wane/wax phase of the cycle being falsely attributed to vaccination/lack of vaccination.
If you get into studying individual articles in medical journals, many of course claim effectiveness, but there are various unscientific methods researchers use to draw such a conclusion, other than those already covered above, such as

1) using toxic injections as “placebos” for their control groups. In many cases we can put the unscientific methods down to incompetence, but we really HAVE to wonder why they would deliberately give harmful substances to control groups,

2) having misleadingly strict definitions of “vaccinated” (e.g. defined, when you read it closely, as meaning only recently vaccinated),

3) looking back in the past at incidences of a disease in the vaccinated vs not vaccinated against that particular disease ignoring the fact that those not vaccinated would usually have not been vaccinated for a reason, e.g.
   a) already being immune-suppressed (quite possibly by another type of vaccine!), or
   b) low socio-economic status - people who also just happen to have less healthy lifestyles, particularly poorer nutrition.

We are STILL, after many decades, waiting for a true double-blind controlled study, but the pharmaceutical industry, which funds most of the research, will not do it, and amazingly justifies this by saying that to do it they would have to deny the vaccine to the control group, which is supposedly too risky for those people! Thus we are given a circular argument.

**Statistical evidence indicating counterproductivity:**
Further, there is statistical evidence that they are actually counterproductive:

1) Outbreaks often occur soon after the vaccination programs (e.g. Corpus Christi, 1985, where by the way ONLY the vaccinated in the school contracted measles, the unvaccinated 1% did not!).

2) Whooping cough in the U.S. has been rising for the first time ever in recorded history since 1978 (or just after that to be precise), and consistently ever since. The 1996 level was the highest since 1967. So what happened in1978? This was the year that the U.S. mandated w.c. vaccination for school entry. So much for the so-called “herd immunity” principle.

3) I am told (but I haven’t been able/got around to confirm(ing) yet) that measles in Europe, having virtually died out, actually rose again when they started the vaccination programs,

4) The age distribution for the childhood diseases (i.e. whooping cough, measles, mumps, rubella and chickenpox) has altered in highly vaccinated countries such that the highest incidence is no longer at the desirable age of childhood, but in the more vulnerable infancy. The reasons for this appear, on the basis of the published medical literature, to be:
   a) the vaccines given to the infants increase the susceptibility to the diseases, and
   b) the vaccines that the mother had herself as a baby weaken the transplacentally transmitted immunity that she is supposed to pass onto her infant to provide temporary protection (this undesirable consequence of vaccination is well documented in the medical literature.).
Adolescences are also increasingly contracting these childhood diseases, due most likely to

a) the harm done to the immune system such that the old “rule” that you only contract each of
these illnesses once and, having fully recovered, then have full immunity, does not apply
now as much as it should, and did in the past, and

b) the likelihood (Dr Viera Scheibner’s well considered opinion based on her study of almost
100000 pages of research on vaccinations) that the immune system development is retarded
by the vaccines, so that by that late age it’s still only up to childhood stage.

5) Due to the damage to the immune system, ONLY the vaccinated are contracting the atypical
forms of the diseases, which are more serious than the typical forms, e.g. the rash in atypical measles
moves in the wrong direction, heading straight for the vital organs instead of away from them,
resulting in those serious cases of pneumonia, meningitis, etc, we keep getting told about. Ironically
and misleadingly the establishment uses these serious cases to frighten parents into vaccinating! The
derailing effect on the immune system is further evidenced by many published findings such as “The
rate of complications among those who were immunised was greater than among those who were not
and was significant” (Bull WHO 69(2): 1991 p213).

**Immunological evidence indicating ineffectiveness:**

Looking at it from an immunological point of view, the only “evidence” that is ever provided for
their so-called effectiveness is that the vaccination succeeds in stimulating the immune system to
produce antibodies. In fact the degree of success in doing this is the way that the effectiveness is
often measured. However a false assumption is being made that the IgG antibodies produced will
bring immunity.

In reality the immune system is far more complex than this. It has actually been established that there
are very many processes that the body needs to go through in order to develop immunity. One
example, which is probably the best of these understood (immunologically speaking), is that, at the
minimum, the activation of the secretory antibody IgA needs to occur, which has an important role in
the whole process. This, and many other processes that occur in the outer levels of defence, are
BYPASSED by injections.

Dr Peter Baratosy has drawn a good analogy, which is that vaccination is a bit like trying to get a car
to move just by pressing on the accelerator without putting it in gear. It makes lots of noise but does
not move a single inch. So, as Dr Archie Kalokerinos says, you can have tons of antibodies and still
get the disease, even die from the disease.

Dr Kalokerinos also goes further to say that you can actually have no antibodies and yet still not
contract the disease when exposed. In fact most of the time we are exposed to a foreign invader, it
does not even reach anywhere near the deep level to which we are injecting it with vaccines – we
deal with it easily in the outer levels and might even develop immunity.

The polio vaccine is not an injection, but you still cannot artificially induce immunity whenever you
want to, as the process depends on various dynamics which depend on the state of the body. Indeed
many people actually contract polio from the vaccine, which also by the way contains a different
form from the relatively harmless wild form, and the dose is not necessarily small. Further, there are
still very importantly all the toxic, sensitising substances being swallowed with it. Of course we
won’t suffer with polio anyway if we don’t damage our immune system by interfering with it via
other vaccines, tonsillectomies, antibiotics, etc, etc. Records indicate it was not a problem in the past
before all this interference started a century ago with the smallpox vaccine.
**Immunological evidence indicating counterproductivity:**
Further, there is immunological evidence that vaccines are actually counterproductive. This evidence is the fact that they have a well documented sensitising effect. Even my orthodox medical dictionary (Mosby’s) acknowledges this. Some further references include:

vaccine product insert(s), e.g. Tet-Tox tetanus vaccine, produced by CSL Limited;
"The Jell-O® Story”, Journal of Allergy and Clinical Immunology: February 1999

The National Research Council has produced an enormous list of harmful effects of formaldehyde, a standard vaccine component, including that it is an “immune system sensitisier”, and that’s only one component. The mercury compound thiomersal, another standard component, is also a well-known sensitisier. It is also documented that even just the process of injection itself (of any toxic material), a process that bypasses the outer levels of defence, also results in a sensitisation effect. (References for this specifically plus many more documenting the general sensitisation effect of vaccines can be found in “Vaccination” by Dr Viera Scheibner - Scheibner Publications 1993, Blackheath, Australia.)

Interestingly, immunologists themselves are said to feel uncomfortable about the fact that vaccine injections can only stimulate a significant IgG antibody response if they include toxic sensitising substances, referred to as “adjuvants”, in the concoction (“Dirty Secrets”, New Scientist, Nov 1996).

Sensitisation is really the OPPOSITE of immunisation. Immunisation is PROphylaxis, which means prevention. Sensitisation is another word for ANAphylaxis (to various degrees, even though these days this latter term tends only to be used when the reaction is immediate, “exaggerated” and life-threatening.) which indicates susceptibility is in fact increased, and due to the derailment of the immune system it “panics” when we encounter harmless things (hence allergies, asthma, etc). This is a stress response that does not, I believe, result in any positive resolution, because the immune system is confused and handicapped.

Similarly, vaccination leads to the development of autoimmune diseases because of this confusion, as a defect appears to occur in the immune system’s ability to tell the “good guys” from the “bad guys”, so that the person’s own cells are attacked.

Apart from statistics and immunology, we could also look at it from other points of view such as:

a) the fact that the vaccination idea falsely assumes that germs are the cause of disease, instead of infiltrating the system and flourishing as a result of it, so it misses the mark. Worse, vaccination is counterproductive because it introduces toxic substances, which ARE the cause of disease, and

b) Mother Nature’s rule that whenever we do anything unnatural it will only harm us to some extent, not help us, as it will not fit in with the design of the body, which is much more finely tuned than is appreciated by most.

Rather than specific research findings in themselves, one would describe these two statements as very credible theories which provide a broad explanation for the many detailed specific statistical and immunological observations that have been made and documented in medical research.
Appendix: Statistics.

Here are the known vaccination rates (according to questionnaires returned by parents) amongst the cases of measles and whooping cough in recent years in the states in Australia which have collected the data (Note that the measles figures apply only to those old enough to have been vaccinated - the first measles vaccine is not given until 12-15 mths of age.):

<table>
<thead>
<tr>
<th>Infection</th>
<th>State</th>
<th>Period</th>
<th>% cases fully vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whooping Cough</td>
<td>S.A.</td>
<td>1990 - 1996</td>
<td>87%</td>
</tr>
<tr>
<td>Measles</td>
<td>S.A.</td>
<td>1993 - 1996</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Vic</td>
<td>1995</td>
<td>79%</td>
</tr>
<tr>
<td></td>
<td>Vic</td>
<td>1996</td>
<td>74%</td>
</tr>
<tr>
<td></td>
<td>W.A.</td>
<td>1996</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td>Western Sydney outbreak 1993</td>
<td>78% (MJA 1995)</td>
<td></td>
</tr>
</tbody>
</table>

These rates, which are similar to, in fact some higher than, the rates of coverage recorded in the states as a whole, have been obtained from the various states’ health departments. Most are in Greg Beattie’s book “Vaccination - A Parent’s Dilemma”. The book also has many other figures from other countries, which, not surprisingly, show a similar trend.

Video – “Vaccination: The Hidden Truth”

Since I've spent all this time writing this, I think I must deserve the opportunity for a free plug. Most of the above is covered in the video I made called "Vaccination - The Hidden Truth", which covers the whole subject of vaccination, i.e. the ineffectiveness followed by the ingredients, the mechanism, the real effects, the harmlessness/benefits of childhood diseases (in unvaccinated well-nourished children!), why vaccination continues, legal rights, countering vaccine damage, and the true key to immunity, in logical sequence.

We are finding that it is effectively communicating and explaining the reality to those who are totally new to it (including many previously very strident pro-vaccinators). It derives its power particularly from the fact that the truth is coming out of the mouths of 5 medical doctors, plus Dr Viera Scheibner presenting multiple medical journal articles, and other important and eloquent people including Greg Beattie (parent, author), Ian Sinclair (parent, natural health lecturer, author), Isaac Golden (parent, homoeopath, teacher, author), other parents, a dog breeder, and a practitioner who effectively uses the LISTEN system to evaluate and counter vaccine damage. It includes very revealing stories of personal experiences as well as research findings (referenced).

Whilst I now basically rely on video sales for my survival I am quite happy to lend copies of the video out just for the cost of postage, partly because I want to spread the truth as far and wide as possible and partly because so many who've bought it are people who wouldn't have known about it or wouldn't have decided it was worth buying before they were lent it to watch by someone else. It costs $39.95 to buy, including postage, and runs for an information-crammed 90 minutes.

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