

Five Reasons to Be Concerned about the Safety of Childhood Vaccinations

The decision whether to have your child vaccinated is difficult and complex, and what you decide will have life-long consequences.

Like many of you, we are parents. We care deeply about the health and well-being of our children and grandchildren. We are on the same side of this issue as you. We have the same goal – healthy and successful children. And like many of you, we unquestioningly believed the medical establishment when they told us that vaccines are “safe and effective.”

For many members of Vaccine Choice Canada, what we believed about the safety of vaccines changed dramatically when someone we loved suffered a severe injury. As parents, we paid the ultimate price for our failure to research our vaccination decision in advance.

We are here to share, openly and honestly, what we know and to help you make the best decision possible for you and your family. We have no vested interest in what you decide. Our only wish is that the injuries and deaths of our loved ones have not been in vain.

What We Learned

When our loved ones were injured and killed by vaccines, we did what we should have done before they had the shot – we began to educate ourselves about vaccines. What we learned alarmed us, and compels us to share what we learned with others. Some people accuse us of spreading “misinformation”; we call it “missed information.”

Over the last 40 years, we’ve spent many thousands of hours investigating the science of vaccines. It is impossible in this short article to share everything we’ve learned, and so we would like to focus on vaccine safety. What we’ve learned is that a product can be effective and yet not be safe. The many examples of such products include DDT, Thalidomide, asbestos, Glyphosate, OxyContin, and Vioxx.

Admittedly there is evidence that vaccines can prevent diseases such as measles and mumps, and so it is understandable that governments and public health officials want to promote the use of vaccines. But at the same time there is also evidence that vaccines can cause harm, as they did to our loved ones and to many others. Our concern is that governments and the medical

establishment tend to over-simplify what is a very complex matter. There is a tendency to exaggerate the risk of the disease, and underestimate the risk of the vaccines. This oversimplification and allegiance to an ideology puts us all at risk.

An Example of Vaccine Injury

One of the vaccines that caused significant injury in the 1980's was the DPT (diphtheria-pertussis-tetanus) vaccine. Although it has since been removed from the North American market because of the number of neurological injuries it caused, this vaccine is still being used in Third World countries. That's because it is less expensive to produce than the vaccine used in North America.

As a result, children continue to be harmed by this vaccine. In 2018 a study of vaccinated vs. unvaccinated African children found that children who had received the DPT vaccine in the first six months of their life were 10 X more likely to die than children who were not vaccinated with DPT. ⁱ

In March 2019, the author of the report, Dr. Aaby, issued a scathing rebuke to the world's public health agencies for allowing pharmaceutical companies to sell vaccines that are known to injure and kill children. He was ignored.

The DPT vaccine is not the only vaccine to be removed from the market because of concerns about safety and effectiveness. In fact, more than 32 vaccines that were once approved for use in Canada have been withdrawn because they were ineffective or dangerous. Yet, each of these vaccines was once promoted as "safe and effective."

We wish to bring five issues pertaining to vaccine safety to your attention:

1. Vaccines are not as fully tested as other medical products

Most people, including government and public health officials, are not aware that *no childhood vaccine licensed for use in Canada has been tested for safety by the standard required of every other medical product*. That is because vaccines are classified as "biologics" and are exempted from the long and rigorous safety testing required for drugs.

The primary method the medical establishment uses to evaluate vaccine safety is to monitor reports of "adverse events" *after* the vaccine has been licensed and in use. Dr. Eric Rubin, a member of the Vaccines and Related Biological Products Advisory Committee in the U.S. made

this clear: “We are never going to learn about how safe a vaccine is unless we start giving it.”ⁱⁱ This means that our children are injected with products whose safety will only be known later by the amount of injury and death they eventually cause.

Of further concern is that medical professionals are not trained to recognize vaccine injuries. Nor is there accountability when professionals fail to report a vaccine injury. When parents report that their child has had alarming symptoms after being vaccinated, they are routinely told that such “adverse events” are normal or that they are merely a “coincidence” and could not have been caused by the vaccine.

A study conducted for the US Department of Health and Human Services found that “fewer than 1% of vaccine adverse events are reported.” This means that 99% of vaccine adverse reactions may go unreported and therefore unacknowledged.ⁱⁱⁱ

2. Vaccines are not evaluated against a neutral placebo

On examining the vaccine safety science, a parent discovers is that *not one* of the vaccines on Health Canada’s recommended childhood vaccination schedule was tested against a neutral placebo. A placebo-controlled study is the gold standard of safety testing. Without such a comparison, no valid claims can be made about the safety or efficacy of any of these vaccines.

This fact was recently confirmed by the Informed Consent Action Network, which analyzed every piece of scientific evidence on which the Department of Health and Human Services in the United States rests its claim of vaccine safety.^{iv} (The same evidence is, indirectly, the basis on which Health Canada licenses vaccines.) That means we don’t know if any vaccine is safe and effective.

3. Pre-licensing testing is too short to evaluate the long-term safety of vaccines

Although other pharmaceutical products are tested for years, childhood vaccines undergo safety monitoring for only a few days or at most a few weeks before they are licensed for use. That is not enough time to show whether a vaccine causes autoimmune, neurological, or developmental conditions like autism, learning disabilities, attention deficit hyperactivity disorder, life-threatening allergies, asthma, and other chronic diseases. These disorders will only become apparent after the child is a few years old.

Here is an example of how the pre-licensing safety monitoring of vaccines compares with other pharmaceutical products. Consider Viagra. The safety testing for Viagra before it was licensed was conducted over a 10-year period with thousands of subjects. Both a subject group and a control group were used. The control group received an inert placebo (a sugar pill) that looked identical to the pill given the subject group. After 10 years, researchers compared the data to determine if the product was both safe and effective.

Now compare this with the pre-licensing monitoring of childhood vaccines. Safety testing is conducted on a small sample, which may or may not include infants and children. There is no control group receiving an inert placebo. And monitoring lasts for as little as 48 hours and no more than six weeks.

Here is the length of the safety reviews for various vaccines licensed in Canada: ^{v vi}

Hep B (Merck)

- actively monitored for 5 days
- included only 147 participants

DTap

- monitored for 8 days

Polio

- monitored for 3 days

Pneumococcus

- monitored for 7 days

Menningicoccal

- monitored for 7 days

MMR

- actively monitored for 42 days
- included only 342 children

Hep B (GSK)

- monitored for 4 days

Hib

- monitored for 3 days

Rotavirus

- monitored for 8 days

Influenza

- monitored for 4 days

Health Canada claims that they conduct “*rigorous scientific review and testing of vaccines to assess their quality, safety, and efficacy before they are approved for use.*” In 2018, Vaccine Choice Canada contacted Dr. Teresa Tam, Canada’s Chief Medical Officer to request evidence of the vaccine safety testing conducted by Health Canada. To date, Health Canada has not provided any evidence to support their claim of rigorous scientific testing “*before they are approved for use.*”

4. The safety of the whole childhood vaccine schedule has not been established

Our public health officials claim that the artificial stimulation of the immune system with injected ingredients (vaccination) is “*the safest, most effective and best way to protect our children and communities.*” However, there is no robust scientific evidence to support that claim.

The fact is, we don’t know how safe the current vaccination program is because not enough science has been done to find out. This is not our opinion—it’s the opinion of the US Institute of Medicine (IoM).^{vii}

“Few studies have attempted more global assessment of entire sequence of immunizations or variations in the overall immunization schedule and categories of health outcomes, and . . . none has compared entirely unimmunized populations with those fully immunized for the health outcomes of concern to stakeholders.”

In 2011, the IoM reviewed 155 health conditions that may be associated with the varicella, tetanus, hepatitis B, and measles, mumps and rubella vaccines. The IoM decided *there were too few scientifically sound studies* to determine whether or not vaccines cause any one of more than 100 serious brain and immune system problems, including multiple sclerosis, arthritis, lupus, strokes, SIDS, autism, and asthma.

In 2012, the Cochrane collaboration reached the following conclusion about safety testing of the measles, mumps and rubella vaccine: “*The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate.*”^{viii}

The vaccine information inserts provided by the manufacturer clearly state that vaccines have *not* been tested for their ability to:

- cause cancer
- damage an organism

- damage genetic information within a cell
- change the genetic information of an organism
- impair fertility
- cause long-term adverse reactions

In 1987, the US Congress mandated the Department of Health and Human Services to continuously improve the safety of vaccine products and report on their progress every two years. In 2018, in response to a freedom-of-information request, the department admitted that it had failed to file a single report to Congress on improvements to vaccine safety.

5. Vaccine manufacturers are granted legal immunity

A question many parents ask is - if vaccines harm children and adults, can manufacturers be held accountable in a court of law? The answer is no. The reason is that in 1986 the US Congress passed the National Childhood Vaccine Injury Act (NCVI). This legislation ended the right of individuals injured by vaccines and parents of vaccine-injured children to sue vaccine makers. Instead, vaccine injury claims are heard in a special 'vaccine court' and damages are paid by the taxpayer rather than the vaccine manufacturer. In other words, vaccine makers are not legally or financially liable for harm and death caused by their products.

Although Canada does not have a similar law, our courts have repeatedly failed to rule that individuals must be compensated for vaccine injury. Canada is one of only two G20 nations without a federal vaccine injury compensation program. In December 2020 the federal government promised a vaccine injury compensation program for COVID vaccines. The intended program also fails to hold vaccine manufacturers accountable .

Vaccines are the only product, medical or otherwise, where a manufacturer is not legally responsible for injury and death caused by their products. The result of this legal immunity is that no one is held responsible when injuries and deaths occur. We don't accept this lack of accountability with any other product. Why do we accept this lack of accountability with something as important as childhood vaccines? And finally, if vaccines are as safe as claimed, why did vaccine manufacturers demand and receive legal and financial immunity?

A consequence of this legal immunity is that there is no legal or financial incentive for the vaccine industry to make their products safer, even when there is clear evidence that vaccines can be made safer.

Summary

Safety Has Not Been Established

What you discover when you examine the vaccine research literature is that the safety of the vaccine program has not been established. When public officials make the unqualified statement that vaccines are “safe and effective”, they are not being honest about the status of the vaccine safety science.

Given that vaccines are given to healthy children, the safety testing ought to be even more rigorous than is required for all other pharmaceutical products. But this is not so. The safety testing of vaccine products is less rigorous, incomplete, and protocols appear to have been intentionally designed to prevent identifying long-term adverse effects.

Measure Health, Not Compliance

The measure of any health policy ought to be – does this policy improve the overall health of those receiving the product or treatment? For decades vaccine safety advocates have been calling for studies comparing vaccinated vs. unvaccinated populations to measure overall health outcomes. Public health institutions, including Health Canada, have refused to conduct such studies. It should concern all of us when the medical establishment is unwilling to do the basic research needed to confirm whether vaccinated children are healthier than unvaccinated children.

In recent years a number of vaccinated vs. unvaccinated studies have been conducted by independent researchers. A 2012 study found that the more vaccines given at one time, the more hospitalization and deaths there were. ^{ix} The results also showed that the younger the infant was when they were vaccinated, the higher the rate of hospitalizations and deaths.

In 2017, the *Journal of Translational Science* published the first independent, non-industry funded study comparing the overall health of vaccinated and unvaccinated 6 to 12 year-old children in the United States. ^x

The study found that while vaccinated children were significantly less likely to have chicken pox or whooping cough, they were significantly more likely to have pneumonia, allergies, otitis media (ear infection), eczema, a learning disability, attention deficit hyperactivity disorder,

autism spectrum disorder, neuro-developmental disorders, and chronic illness. Presently 54% of American children have a chronic illness. The same is likely true for Canadians.

A 2020 analysis of the effects of vaccination on health outcomes among children in the United States revealed that unvaccinated “pediatric patients in this practice are healthier overall than the vaccinated.”^{xi}

The fact is there is no substantive evidence that children who receive the current vaccine schedule are healthier than children who do not.

Quality Scientific Evidence vs. Belief

We recognize that there is a strong *belief* in vaccination. We suggest that the decision of whether or not to vaccinate is too important to be based on belief. Edda West, the co-founder of Vaccine Choice Canada, said this about the belief in vaccination:

“We know that parents who vaccinate their children sincerely believe they are protecting their child from harm. They believe vaccines will provide a type of health insurance, shielding their child from disease. At Vaccine Choice Canada we think it is important that we push beyond using “belief” as the basis for the vaccine decision, and instead decide from a place of information based on quality scientific evidence.”

References

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ⁱⁱ <https://www.bitchute.com/video/UldCv8Ksi5WT/>

ⁱⁱⁱ <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-finalreport-2011.pdf>

^{iv} <https://icandev.wpengine.com/wp-content/uploads/2019/08/ICAN-Reply.pdf>

^v <https://www.vaccine101.ca/single-post/2018/02/07/Vaccine-Approval-Is-Fast-Tracked---Part-2>

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^{vii} <https://www.ncbi.nlm.nih.gov/books/NBK206940/>

^{viii} https://www.cochrane.org/CD004407/ARI_using-combined-vaccine-protection-children-againstmeasles-mumps-and-rubella

^{ix} Relative trends in hospitalizations and mortality among infants by the number of vaccine doses and age, based on the Vaccine Adverse Event Reporting System (VAERS), 1990-2010. Goldman GS, Miller NZ (2012). *Hum Exp Toxicol* 31: 1012-1021.

^x <http://web.archive.org/web/20170504215400/http://oatext.com/Pilot-comparative-study-on-the-health-of-vaccinated-and-unvaccinated-6-to-12-year-old-U.S.-children.php>

^{xi} <https://www.mdpi.com/1660-4601/17/22/8674/pdf>