

Problems With Vaccine Safety Testing

(NOTE: For links that ask for a username & password,
use **private & papers**)

One of the problems is that many of the vaccines are tested for no more than 5 days. Thus, problems that surface on the 6th or later day are not considered.

Another problem in their development is that most “safety” studies are not done comparing the vaccine in question with a saline placebo. Rather, they compare it to another vaccine with all the similar excipients and adjuvants and other toxins. If no more children die from the new vaccine than die from the “old” one, then it is considered safe.

I have worked in a doctor’s office and when a mother called in to report that her newly-vaccinated child was crying in a high-pitched scream that goes on and on, the nurse reassured the mother that this is just fine and she should give the child Tylenol. Unfortunately, this is not fine as high-pitched screaming indicates brain inflammation, while giving Tylenol after vaccination has been linked to a higher possibility of the later development of symptoms of autism.

See Becker: [Similarities in features of autism and asthma and a possible link to acetaminophen \(Tylenol\) use](#)

See Blaylock: [The danger of overvaccination with the present vaccine policy](#)

Still another problem I see is that many of the studies claiming that vaccines in general or that a specific vaccine is very safe have conflicts of interest. In fact, [the big Danish study](#) that got a lot of press and claimed to prove that “vaccines don’t cause autism” didn’t actually prove that at all. First, it was not a study of “vaccines” but only of the MMR vaccine. Next, all the children got the vaccine, just that some got it later than others. Next, the study was cut off at a time when a large but unknown number of the children were too young for diagnosis so that diluted the numbers. And worse, several hundred kids with autism were excluded from the study for unknown reasons. Oh - and, not surprisingly, all the authors of that study worked for the vaccine company.

The same author did another study ([Hviid, 2016](#)) to prove that the flu shot in pregnancy didn’t hurt the kids.

First, only live births were counted, so any miscarriages were missed. Then, hospitalizations were counted until year 5 except that they cut it off a half-year early for some, so how accurate

any of this is may be questionable. Medical histories were not examined, but only hospitalizations were counted, so this is certainly not a good way to find out whether the vaccinated children were generally healthier or sicker. For example, did more of them have asthma? Ear aches? Other things that don't normally require hospitalizations? And, of course, the vaccine company funded the study.

One thing to think of – whenever a study gets a LOT of press and you see it everywhere, follow the money. Most authors don't get their studies into all the papers and on all the TV stations. That only happens when somebody is putting lots of money into advertising, and not too many real scientists have that kind of money.

Those few studies that have compared vaccinated to unvaccinated children have been criticized as being “too small” even though the [Yonayama \(2000\) study](#) looked at all the kids on a Japanese island, and the [Mawson\(2017\) study](#) included over 650 kids.

[Aaby \(2018\)](#) is another one – it includes a lot of children, so those who don't want to believe him can't claim it is too small, but rather that he is an anti-vaxxer, which is pretty odd considering that he is the one who originally brought the DTP campaign to these countries in Africa. When he went back years later to compare vaccinated to unvaccinated kids, he was not happy. He said, **“All studies of the introduction of DTP have found increased overall mortality.”** No, the kids didn't die of tetanus or pertussis, but they died of other things – what's called “all-cause mortality” -- far more than the unvaccinated children did. Something, obviously, had happened to harm their immune systems. Aaby asked the WHO to stop the DTP effort in Africa because it was killing more children than it was saving. He was ignored.

The CDC itself has access to very large databases through HMOs and they could do this sort of study of the records. They have been asked to do so, but have refused. I believe they will never do any such study because they don't want to know. THEY have decided the vaccines are safe and that they are saving lives, and they don't want to have to admit that they are wrong.

Geier did a number of studies using the CDC's VAERS reporting system.. Here are just a few:

1. Geier 2010: [Thimerosal exposure & increasing trends of premature puberty in the vaccine safety datalink](#)
2. Geier 2012: [The temporal relationship between RotaTeq immunization and intussusception adverse events in teh Vaccine Adverse Event Reporting System \(VAERS\)](#)
3. Geier 2015: [A case-control study of quadrivalent human papillomavirus vaccine-associated autoimmune adverse events \(VAERS\)](#)
4. Geier 2017: [Quadrivalent human papillomavirus vaccine and autoimmune adverse events: A case-control assessment of the vaccine adverse event reporting system \(VAERS\) database](#)