

Introduction

Having written a number of reviews of books by vaccine skeptics, I felt obliged to read the other side of the story. See what the vaccine advocates have to say – and what they choose not to talk about. This paragraph from Paul Offit's prolog sets the tone:

"Recent outbreaks of measles, mumps, whooping cough and bacterial meningitis of cause hundreds to suffer, and some to die – died because their parents feared vaccines more than the diseases they present."

Paul Offit is as solid a member of the medical establishment as I could find. The vaccine skeptics don't like him. Here's an excerpt by Robert Malone from among the [links I compiled of articles](#) in which he is mentioned.

What we can see from [this Substack](#) and his other actions and podcasts ([see this link](#) for one of many examples) is that Professor Dr. Paul Offit is an academic bully. He has been bullying and gaslighting others his entire career.

Dr. Offit's claim to fame is that he played a supporting role in the development and licensure of a second rotavirus vaccine, very similar to the first, but which was able to squeak through clinical trials to get licensed due to some creative nuances in how those trials were performed. That is pretty much it.

I know the type well, and have been dealing with predatory academic bullies my entire professional career. Professor Dr. Vinay Prasad of UCSF provides another example of an academic bully. You can easily identify academic bullies by their habit of [sneering condescension](#), ad hominem attacks, and reliance on character assassination rather than focusing on ideas and making efforts to comprehend alternative points of view and data which are inconsistent with their personal research interests and biases.

Authors sympathetic and opposed to Offit

It is interesting that Offit criticizes almost every one of the authors he cites in his book. To him it is a lonely world, full of enemies. He may be right. Those who disagreed with him in 2011 included Dr. Bob Sears, Lea Thompson, Barbara Loe Fisher, Marcel Kinsbourne, Jenny McCarthy, Charles Higgins and Andrew Wakefield.

This reviewer has [written ten reviews of books](#) questioning vaccination by [Ed Dowd](#), [Peter and Ginger Breggins](#), [Forrest Maready](#), [Suzanne Humphries](#), [Robert Malone](#), [Forrest Maready](#), [Anonymous Israeli authors](#), [Peter Gøtzsche](#), [Naomi Wolf](#) and [Michael Nehls](#) and knows of many other authors, among them Paul Thomas and Pierre Kory.

When reading about any book, Amazon prompts the shopper to look at related books. Amazon's page for Deadly Choices recommends only one other author writing enthusiastically about vaccines - Peter Hotez. If you judge a person by the company he keeps, you would conclude that the vaccine skeptics have more to offer than Paul Offit.

Though he portrayed himself as the lone but valiant defender of woefully picked-on institutions such as the CDC and the FDA, the rest of the world may not see it like that. In 2024 it is the people who feel beset by big pharma, big medicine, the academic establishment and especially government bureaucracies that forced the whole Covid 19 rigamarole on them.

Risk-Reward

Vaccination is a question of risk/reward, or better stated, balancing risks. All parties agree that vaccines invariably carry risks. Robert Kennedy Jr. explained, “Reagan actually said to the companies, ‘Why don’t you just make the vaccines safe?’ And Wyeth [Pharmaceuticals] said, ‘Because vaccines are unavoidably unsafe,’ and that phrase, ‘unavoidably unsafe,’ is in the preamble to the Vaccine Act.”

The table below shows this reviewer's assessment of the risk factors to be considered in choosing whether to vaccinate.

<ul style="list-style-type: none"> ⊕ The risks of not being vaccinated. <ul style="list-style-type: none"> ⊕ Catch the disease <ul style="list-style-type: none"> ⊕ Effects of catching it <ul style="list-style-type: none"> ⊖ Temporary discomfort ⊖ Permanent disability ⊖ Death ⊖ Associated costs ⊖ Infect others ⊕ Risk Factors for Getting infected <ul style="list-style-type: none"> ⊖ Exposure <ul style="list-style-type: none"> ⊕ General health <ul style="list-style-type: none"> ⊖ Exercise ⊖ Diet ⊕ Prophylactic measures <ul style="list-style-type: none"> ⊖ Vitamins ⊖ Medications: Ivermectin, Hydroxychloroquine, hydrogen peroxide, iodine ⊖ Age ⊖ Genetics ⊕ Factors for recovery <ul style="list-style-type: none"> ⊖ Pharmaceuticals – drug regimens ⊖ Rest and sunshine ⊖ Vitamins and herbs ⊖ Mechanical interventions– ventilators, 	<ul style="list-style-type: none"> ⊕ The risks of being vaccinated <ul style="list-style-type: none"> ⊕ Catch the disease anyhow <ul style="list-style-type: none"> ⊕ Active pathogen in the vaccine itself – <ul style="list-style-type: none"> ⊖ Sabin polio vaccine ⊖ Breakthrough – no vaccine is 100% effective ⊖ Waning effectiveness -vaccination protection fades over time ⊖ Mutation – the disease changes to evade the vaccine ⊕ Decreased immunity <ul style="list-style-type: none"> ⊖ Catch different mutation of the target disease ⊕ Catch some related disease <ul style="list-style-type: none"> ⊖ Original Antigenic Sin – Antigens for former mutation prevent effective response to new one ⊖ IG4 – suppressed immune response in mRNA ⊕ Adverse Event <ul style="list-style-type: none"> ⊕ React to adjuvants <ul style="list-style-type: none"> ⊖ Short term – soreness ⊖ Long term – breach blood-brain barrier, as with aluminum adjuvants. Parkinson’s – Alzheimer’s ⊕ React to chemical vehicles, or have body chemistry affected <ul style="list-style-type: none"> ⊖ Lipid nanoparticles affect reproduction - male and female ⊖ <u>Mini-strokes</u> caused by clogged endothelia ⊖ React to SV40, eggs, pig, mouse and other genetic material in the vaccines ⊖ Autoimmune disease ⊖ Autism ⊖ Guillaume-Barre ⊕ mRNA – <ul style="list-style-type: none"> ⊖ Myocarditis ⊖ Pericarditis ⊖ Turbo Cancers ⊕ Uncertainty about cause and treatment. Was it the vaccine or the disease itself?
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Weighting the factors is a difficult proposition. The serious risks – death and disability – are small on both sides of the equation. Therefore it takes a large sample size in randomized controlled trials order to produce statistically meaningful results. Such trials are complex to organize and expensive to conduct – only the pharmaceutical companies typically have the expertise and money required.

The right thing to do is to assess relative risk. Vaccine advocate Dorit Reiss used the United States Centers for Disease Control (CDC)'s Vaccine Safety Datalink to pull together such a statistic. [This article about Reiss](#) concludes that though she is asking the right question, her hopelessly flawed methodology led to overly optimistic conclusions. She found that the risk of getting vaccinated outweighed the benefit in only one instance, Human Papilloma Virus, HPV. Incidentally, as mentioned elsewhere in this review, Offit even likes the HPV vaccine.

The results of statistical analyses are often inconclusive. Certain realities need to be kept in mind. Correlation is not causation. You can't prove a negative. Absence of proof is not proof of absence. Some studies will find no correlation between an intervention (viz, a vaccine) and an outcome (viz, autism or autoimmune disease). It does not mean none exists. Many studies found no correlation between mRNA vaccines and myocarditis... until they did.

VAERS

Offit defends the vaccine adverse event reporting system VAERS. He implies that it might overreport injuries. It allows false positives – unsubstantiated reports of injury - but does not capture information about when vaccines worked.

Nowhere does he address the underreporting, which a government investigation around 2010 put at a factor of about 40. Characteristically, the Internet cannot find the study. When the link turns up, I will amend this review.

[amended June 13] Racking my brain, I recalled that the study in question is the Harvard Pilgrim study from 2010, led by a man named Lazarus. The defenders of orthodoxy could not defend themselves against me when I was so formidably armed with information. They coughed up [this link to the study](#). Search on it and you will find numerous “fact checkers” to tell you why it is wrong.

Vaccine Ingredients

Offit writes about phantom vaccine ingredients being a myth. The Covid incident has disproven that. The manufacturers denied right down the line that there were any unlisted ingredients. Researchers all over the world have found many kinds of unlisted ingredients. DNA in place of RNA, graphene oxide, electromagnetic particles, unlisted types of DNA and RNA, metallic fragments and other contaminants. As to the question whether pharmaceutical companies shade the truth, that has been demonstrated sufficiently adequately.

Manufacturing consistency

Offit does not mention manufacturing. Many researchers, among them Michael Yeadon, Jessica Rose and Craig Paardekooper, have found significant problems with the manufacture of the Covid vaccines.

The process used for volume manufacture differed widely from that used to produce injections for clinical trials. Moreover, there was wide variance even within the products shipped to end users.

Those such as Yeadon with extensive industry experience claim that these are not anomalies. Offit could not assume at the time of his writing that what was being injected into children's arms was the same substance that had been through clinical trials.

Impurities, contamination, manufacturing process

Offit writes that:

[Dr. Bob] Sears, like McCarthy, claims that vaccines contain phantom ingredients. He writes that some vaccines are made using serum obtained from calves before they're born. That's true.

Then he takes an illogical step, raising the specter of mad-cow disease. "All animal and human tissues are carefully screened for all known infectious diseases," he writes. "Some vaccine critics are still worried, however, that there maybe other viruses or infectious agents called 'prions' ... that are much smaller than viruses and that we don't yet know how to screen for." Proteinaceous infectious particles (prions) cause mad-cow disease, a progressive dementia that often results in death.

Follow the Covid story to learn more about contamination.

Specific Diseases

The following sections include among the first graphs that show up searching the Internet searching on "[disease name] mortality graph." Many show that the date of introduction of vaccines was long after the incidence of the disease had fallen.

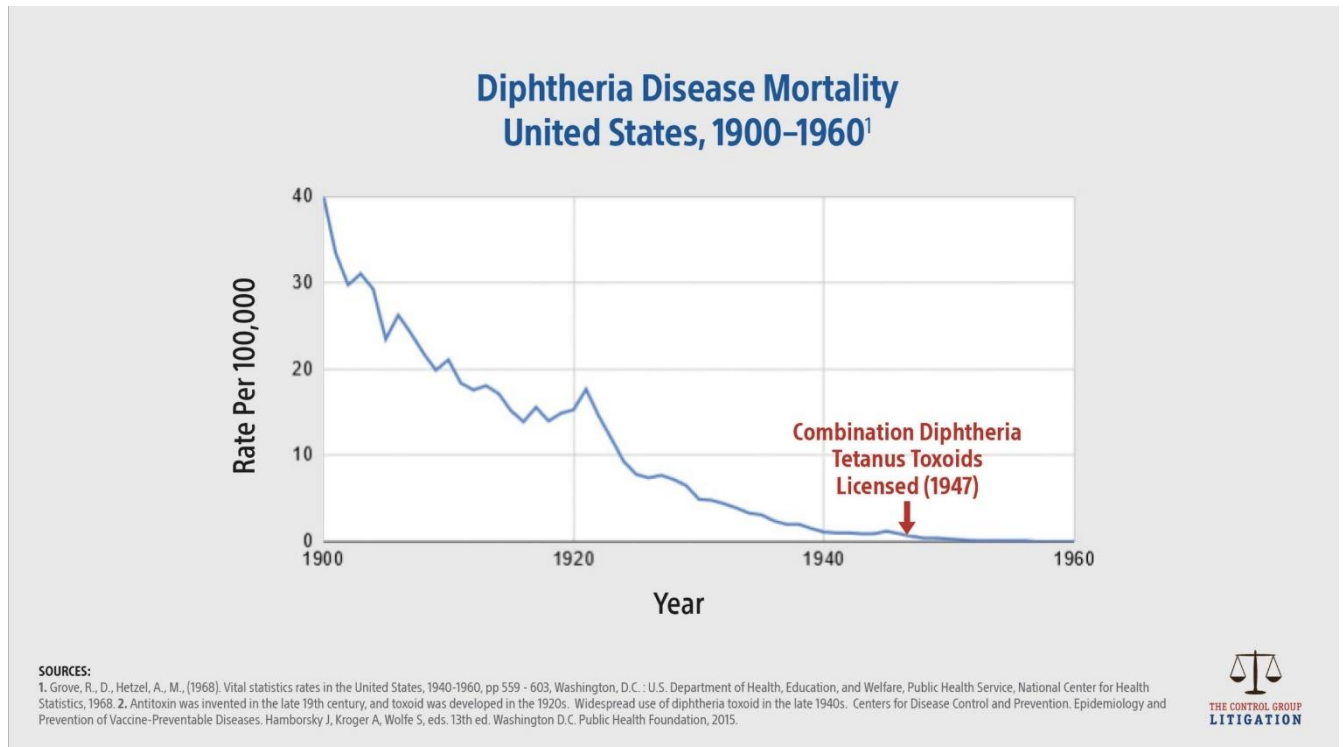
Diphtheria

Offit mentions diphtheria as one of the formerly terrible diseases that has been vanquished by vaccines.

Americans could expect that every year diphtheria would kill twelve thousand people, mostly young children.

But now, because more and more parents are choosing not to vaccinate their children, some of these diseases are coming back.

He treats it primarily in the context of the DTP, DPT or DaTP vaccine combination. As this graph shows, it had almost disappeared by the time a vaccine was available.



Measles

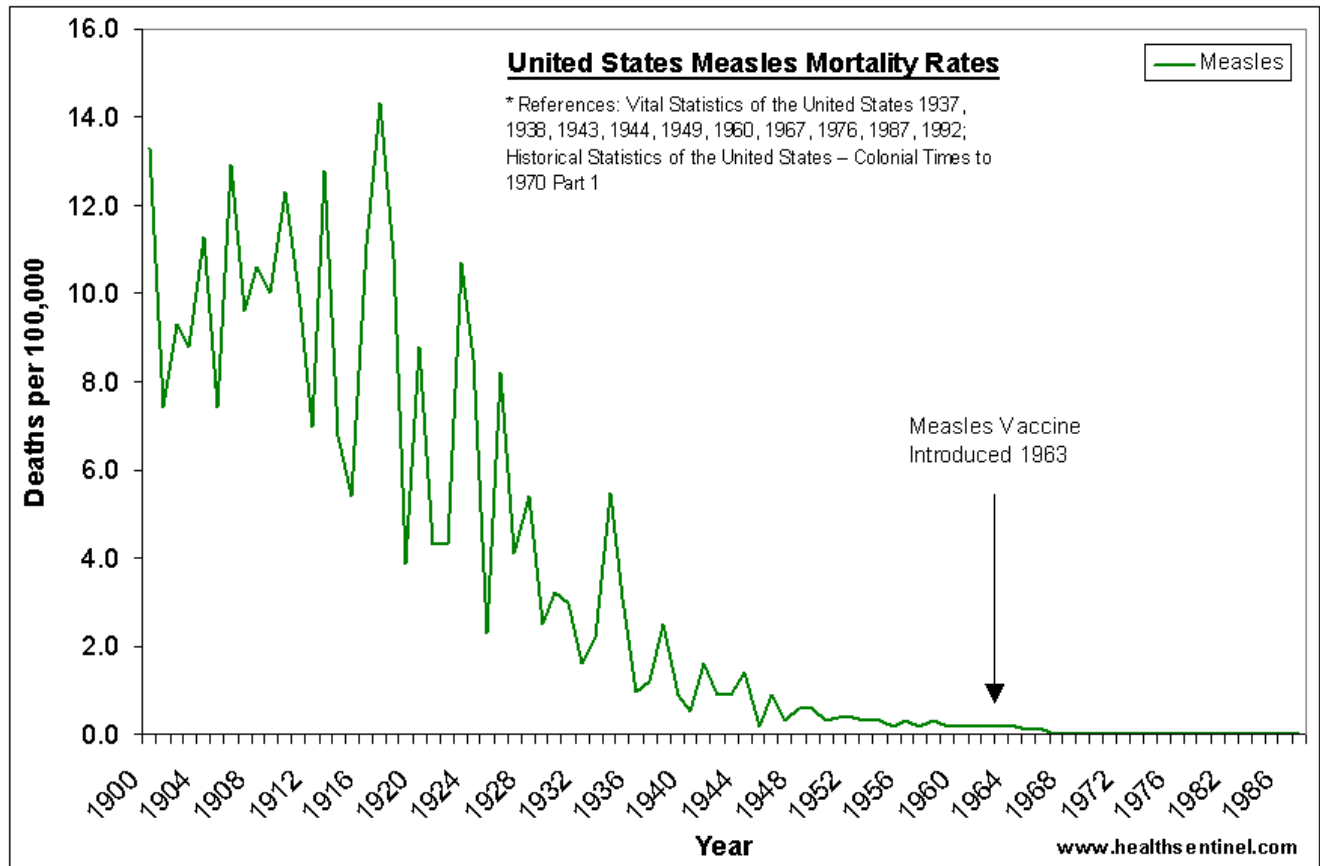
Offit writes:

"On May 4, 2005, a 17-year-old unvaccinated Indiana girl boarded a plane to Bucharest, Romania. Sent on a mission by her church, she visited an orphanage and hospital she didn't know that Romania was in the midst of a measles epidemic. On May 14, on the plane back to Indiana, she developed fever, cough, runny nose, and pinkeye. The next day she went to a church picnic attended by 500 people. Although she felt ill, she was excited to share her experiences with her friends and neighbors. Neither she nor anyone at the picnic knew she had measles. On May 16, a red speckled rash appeared on most of her body.

Among the 500 people at the picnic, 35 had never received a measles vaccine – 31 of them (89%) became infected."

"Before 1963, when the vaccine was first available, measles was a common cause of suffering and death."

The graph shows that measles likewise had almost disappeared by the time a vaccine appeared.



[Steve Kirsch](#) does the arithmetic.

"One person has died of measles in the past ten years. Today, the math is obvious: even if the vaccine is 100% effective, we'd save 1 life every 10 years. But in 10 years, injecting 3M kids a year, even with a 1 in 1M death rate from the vaccine (which would be unbelievably safe), we'd have 30 deaths from the vaccine and 1 from the disease. So it's a no-brainer today to avoid the shots. The same argument can be made for morbidity since if we just look at autism alone, there's no question. But "science" isn't able to make this very obvious association and none of the scientists are willing to be publicly challenged."

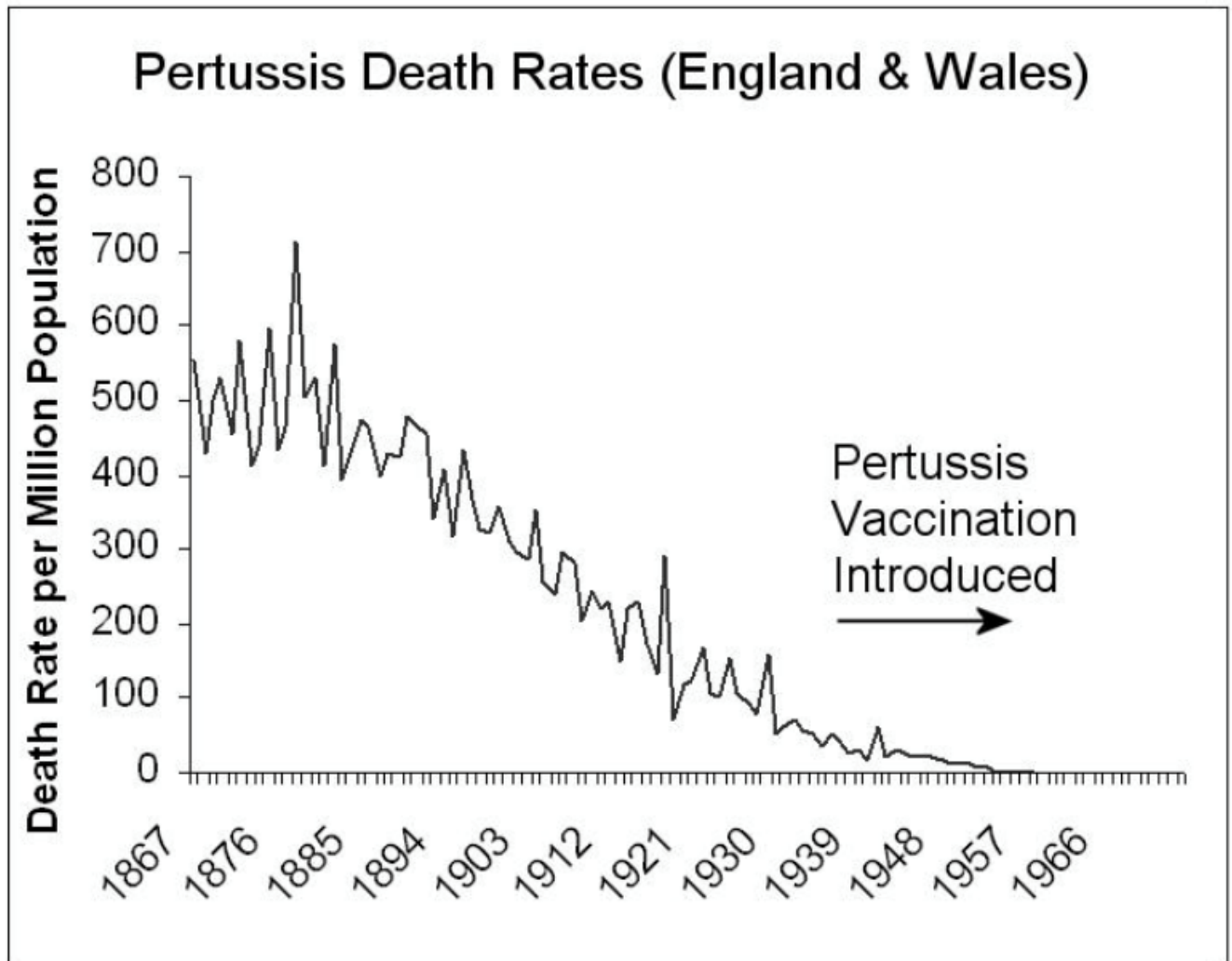
As measles is a viral disease, there is no antibiotic. Per the Mayo Clinic "**Treatment of measles** is essentially supportive care with maintenance of good hydration and replacement of fluids lost through diarrhea or [vomiting]."

Pertussis

Offit writes on Page xii, in the Introduction

"Whooping cough (pertussis) is a devastating infection. Before a vaccine was first used in the United States in the 1940s, about 300,000 cases of whooping cough 7000 deaths every year, almost all in young children. Now because of the

pertussis vaccine, fewer than 30 children die every year from the disease. But times are changing."



As the graph shows, whooping cough had almost disappeared before the vaccine was invented. Most of the decline was due to improved sanitation and general health. Antibiotics, which came into use in the 1930s after the largest part of the decline, still deserve more of the credit than the vaccine.

He cites an outbreak of whooping cough on Vashon Island, near Seattle, where there were many unvaccinated children. This is from the Vashon newspaper.

"Neither the disease itself nor the vaccine is a magic bullet, he said, and neither provides lifelong immunity, but public health officials believe the vaccine is vitally important."

Same thing and El Sobrante California. This from the newspaper

"School will reopen on Monday, but students can return to class only if they have proof that they are taking **antibiotics** and are symptom-free."

There it is. In a significantly unvaccinated population, with no deaths or serious outcomes, the risk of the disease is measurable and bounded. The risk of the vaccine can only be estimated.

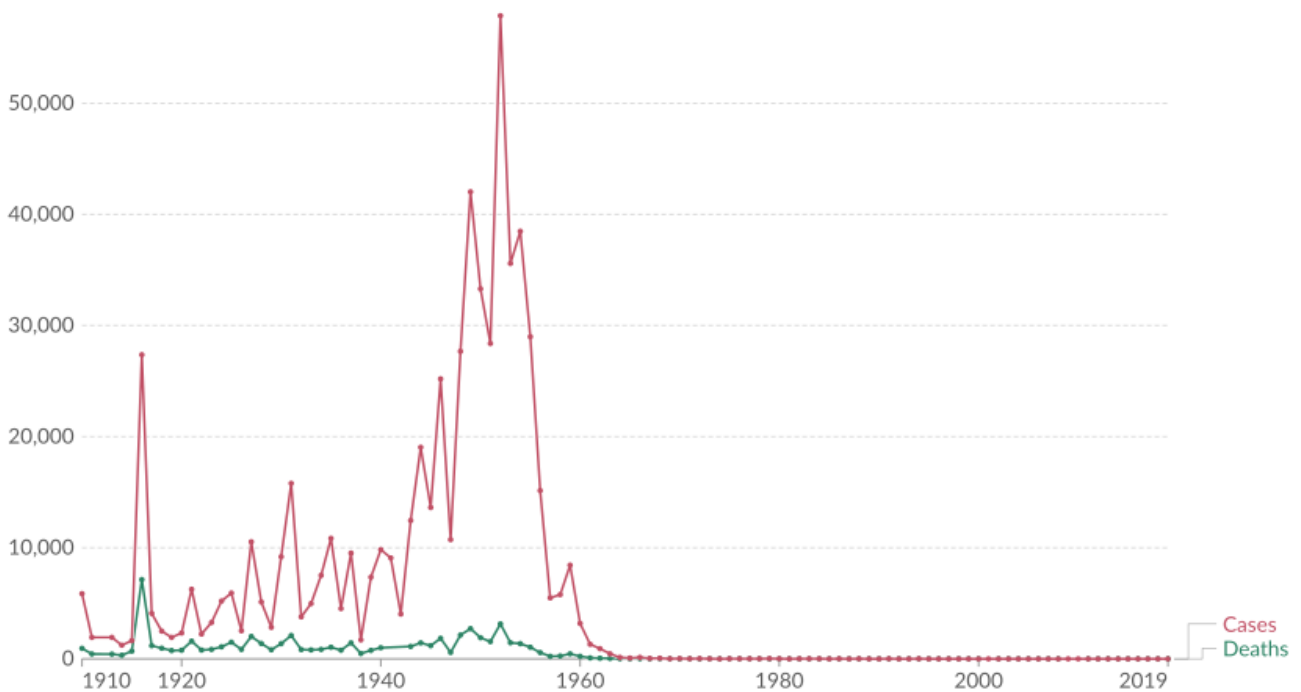
Polio

Polio is a unique case. Per Forrest Mearns's [The Moth in the Iron Lung](#) it was not reported in the United States until 1894. It came and went erratically before finally almost disappearing in the 1960s. Though Offit credits only the vaccines, Mearns makes a strong case for eliminating environmental factors, specifically arsenic-based pesticides and later DDT. Polio's global footprint matched that of the usage of these pesticides. When they were banned, it disappeared. Coincidentally(?), India was polio's last redoubt and the last country to ban DDT.

Reported paralytic polio cases and deaths, United States, 1910 to 2019

The reported figures include both wild- and vaccine-derived type polio infections that occurred indigenously and as imported cases.

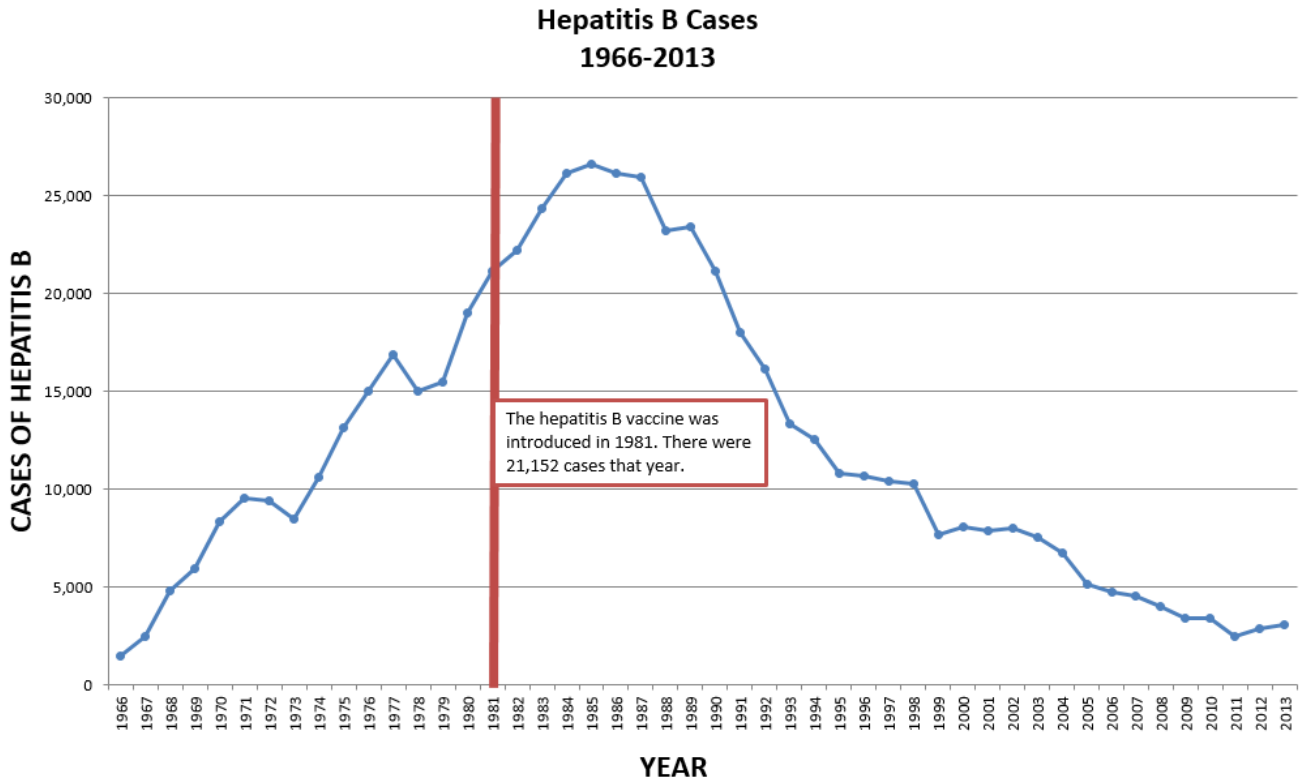
Our World
in Data



Data source: Our World In Data based on US Public Health Service; US Center for Disease Control; and WHO
OurWorldInData.org/polio | CC BY

Hepatitis B

Viral hepatitis has been around for millennia. Its increasing prevalence in the '60s correlates with increased drug use, self-proclaimed homosexuality and casual sex. AIDS, though starting later and having no vaccine, followed a similar arc. People learned to avoid bathhouse sex. Though it is treatable, Hep B never goes away. The vaccine seems to have reduced its incidence.



Hep B is like AIDS, genital herpes and human papilloma virus, a controllable disease that healthy people with discreet lifestyles are unlikely to get.

Haemophilus influenzae type b (Hib).

The incidence of Hib decreased with the introduction of a vaccine. Hib is a bacterial disease, treatable by antibiotics. Offit offers no analysis of the relative benefits of vaccination and treatment. He quotes Dr. Bob Sears:

Hib is a bad bug," writes Sears. "Fortunately, it's also a rare bug, so rare that I haven't seen a single case in ten years. Since the disease is so rare, Hib isn't the most critical vaccine."

Offit says:

As Sears knows, Hib is rare because of the Hib vaccine. And if we stop using the vaccine, Hib will be back. Which is exactly what has happened. Sears's book was published in October 2007. The following year, outbreaks of Hib meningitis occurred in Minnesota and Pennsylvania. All these outbreaks centered on children whose parents had chosen not to vaccinate them; four died from their infections.

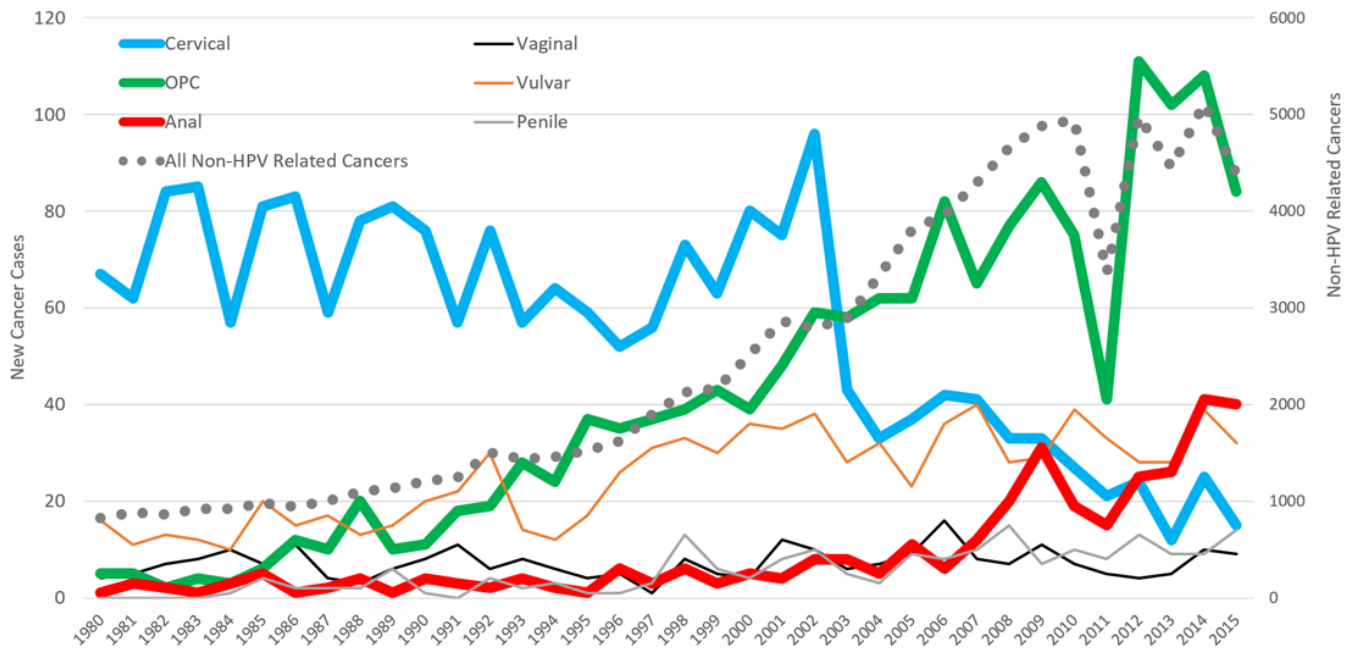
Since Hib is both rare and treatable with antibiotics, I would agree with Dr. Sears. However, there is no dispute that as Offit claims, the incidence rate fell when the vaccine was introduced. The Internet has been groomed not to provide answers the government does not want you to see. I spent half an hour trying to get some concrete numbers with queries like "Haemophilus influenzae type b deaths in USA." Search results tell me the vaccine reduced them a lot, that

vaccines are wonderful, yada yada. Germany and France are in on the deal. I could not find fatality data for any European country. This cynical reviewer concludes that if it were a big deal, the powers that be would indicate as much.

Human Papilloma Virus (HPV).

Offit found no problems with the HPV (human papilloma virus) vaccine in 2011. It has a reputation for being dangerous. Even [vaccine advocate Dorit Reiss](#) would avoid it.

Though cancer of the cervix has diminished, the vaccine has certainly not brought all forms of HPV-related cancer under control. As the graph shows, OPC (oral) and anal cancers have taken off. As with Hepatitis B, it is a lifestyle-related affliction.



The danger against which the HPV vaccine is designed to protect you – cervical cancer – is distant. It is not a threat to people who lead chaste lifestyles.

The data upon which Reiss makes her decision is available from the CDC's Vaccine Safety Datalink (VSD)

Smallpox.

Offit's history of smallpox is very different from Suzanne Humphries' in [Dissolving Illusions](#). Offit recites the elementary school story about Edward Jenner noticing that milkmaids, exposed to cowpox, never got smallpox.

With regard to the opposition to vaccination, he writes that:

Anti-vaccine rallies peppered the English countryside for much of the late 1800s. The most dramatic—and the one that garnered more media attention than any other—took place in Leicester in 1885.

He does not say a word about the incidents that prompted the virulent anti-vaccine rallies or the outcome. Leicester did away with vaccination and, confounding the wise men of the era, suffered less from smallpox than counties that kept it. Common-sense measures such as quarantine were effective in controlling it.

Influenza – the flu shot

Offit endorses the flu shot

Recently, hospital administrators have been mandating influenza vaccines given yearly for healthcare providers. Regarding influenza, certain facts are unassailable: people sickened by influenza come into the hospital, healthcare providers can spread influenza virus from one patient to another, patients who catch influenza in the hospital can suffer severe and fatal illness, and hospitals with higher rates of immunization among healthcare providers have lower rates of influenza. Despite these facts, influenza vaccination rates among healthcare providers have been woeful — hovering around 40 percent. So, in the name of patient safety, hospital administrators are doing something about it.

In 2009, eight hospitals in the United States mandated influenza vaccine for their employees. Some took a softer approach: if a healthcare provider refused vaccination, administrators required a surgical mask to be worn throughout the day. Others took a harder line. At the Children's Hospital of Philadelphia healthcare providers who refused influenza vaccination were given two weeks of unpaid leave to think about it. If they still refused, they were fired. As a consequence, immunization rates among healthcare providers at the hospital rose from 35 percent in 2000 to 99.9 percent in 2010. Administrators at Children's Hospital knew they were responsible for a vulnerable population; so they stood up for them.

In 1960 Thomas Francis, studying the response to [revaccination](#) against influenza, confirmed that those revaccinated had a lower antibody immune response than those who had not been previously vaccinated. This data reinforced his hypothesis according to which the first dominant influenza antigen is repeatedly stimulated throughout people's lives, despite the fact that it becomes secondary or less in later strains.

The shortcomings of flu shots are such common knowledge that I won't even look for a reference.- Influenza mutates so rapidly that they have to come up with a new version every year, trying to anticipate which strains will be circulating. It is hit and miss – flu shots are at best maybe 60% effective.

They entail the risks common to all vaccines. In addition to which there is [Original Antigenic Sin](#). The more flu shots you get, the less effective they are.

He gave this phenomenon the name of "original antigenic sin" (OAS). Antibodies originating in childhood are largely a response to the dominant antigen of the influenza virus that causes the first infection of life. The immunological footprint established by the original influenza virus infection will determine the [antibody response](#) from that moment on. This phenomenon, also called Hoskins paradox, negative interference or antigenic interaction, determines that in a new vaccination with antigenically different influenza strains of the same virus, the immune system responds basically with the antibodies already present, due to immunological laziness, and to a lesser extent with the new induced by the new vaccine, reducing the protective efficacy against this second.

Multiple Vaccines at once

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Offit argues that it is more beneficial for children to receive the protection afforded by multiple vaccines than to abide by Dr. Bob Sears' concern that too many at once overloads a child's immune system with adjuvants. See the section on Autism for more on adjuvants.

Limited hang outs

We learned the term "limited hangout" during the Covid era. It is the practice of admitting small transgressions to deflect attention from larger ones. All the while firmly advocating vaccines for everything, Offit concedes a few points.

Intussusception – intestines telescoping

Pertussis vaccine: "of every thousand children given pertussis vaccine, 80 suffered redness and swelling at the site of the injection (more than an inch wide); about 500 had pain; 500 had fever; three had a fever greater than 105°; 500 felt drowsy; 500 were fretful; 20 didn't want to eat; 10 cried for more than three hours (and as long as 21 hours); and one had an unusual, high pitch cry (Kathy Williams child suffered from this side effect). Further, of every 10,000 children vaccinated, six suffered seizures with fever and sex ed decreased muscle tone and responsiveness that lasted a few hours. (This side effect, called hypertonic – hyper responsive syndrome, and cause children to be pale and them for hours – devastating for any parent to watch.

Offit notes that they improved the vaccine. He does not mention how the defective one was approved in the first place.

Changing the vaccine schedule instead of fixing the vaccines

On December 19, 1984, James O. Mason, director of the Centers for Disease Control and Prevention, appeared before the House Subcommittee on Health and the Environment. The committee wanted to know how much DTP vaccine was available. The situation, as Mason described it, was desperate. "On November 27, [1984,] Lederle informed us that they were having some production difficulties and that two production lots scheduled for release in January and February 1985 would not be available. Contacts with state health departments were immediately undertaken and it was determined that there were approximately 1.5 million doses on hand in the states." Mason then resorted to understatement: "Comparing this amount to an average national monthly use ... indicates that vaccine supplies would be essentially exhausted before the end of February 1985." In three months, the United States would run out of pertussis vaccine. Mason knew what was at stake; he had to do something to extend the supply. So he recommended a suboptimal vaccine schedule, figuring that some immunity was better than no immunity: "[We have] developed recommendations to try to ensure maximum prevention during the period of likely shortage. These involved delaying administration of the fourth dose of DTP, usually given at eighteen months of age, and the fifth dose, usually given at four to six years of age."

On February 12, 1985, a few months after the CDC had recommended withholding the fourth and fifth doses of DTP vaccine, the American Academy of Pediatrics held an emergency meeting to discuss vaccine shortages. Representatives from the American Medical Association, the American Academy of Family Physicians, the Department of Defense, the Department of Health and Human Services, pharmaceutical companies, and state, county, and city health departments attended. The news wasn't good. A survey of hundreds of physicians found that although most had followed the CDC recommendation, one in three still couldn't find enough vaccine.

It got worse.

In 1979, three-month-old Kevin Toner became permanently paralyzed from the waist down after receiving DTP. Kevin suffered an uncommon disorder called transverse myelitis, in which one segment of the spinal cord becomes inflamed. There was then and remains now no evidence that either pertussis or pertussis vaccine causes transverse myelitis. But in a courtroom, that didn't matter. The jury awarded Kevin \$1.13 million. The company that was sued was Lederle Laboratories — the only American company still distributing pertussis vaccine. To Lederle, the message was clear. It wasn't only children with epilepsy and mental retardation who could be compensated. Everything was on the table. Lederle

knew that its vaccine prevented only whooping cough, tetanus, and diphtheria, not every other illness that occurred in the first year of life. The Toner case was the last straw. On April 1, 1986, Lederle Laboratories announced to the AAP and the Department of Health and Human Services that it would no longer produce and distribute DTP vaccine.

Other vaccines suffered. The number of companies making measles vaccine dropped from six to one and those making polio vaccine from three to one. Vaccine makers were getting out of the business. The United States was on the verge of returning to the pre-vaccine era.

Admitting the shortcomings of vaccines in general

"When Barbara Loe Fisher burst on the scene, several vaccines had serious side effects, every year, causing allergic reactions, paralysis or death. Public health officials and doctors didn't hide these problems. But they didn't do anything to correct them, either. And most parents has no idea that they existed."

The problem of the Sabin polio vaccine

But Sabin hadn't anticipated a rare occurrence: polio caused by his polio vaccine. Although this problem was extremely rare—occurring in 1 of 2.5 million doses—it was real. Every year for the next twenty years, six to eight children in the United States got polio from the oral polio vaccine. And some of these children died from the disease.

The evil pharmaceutical companies.

"Pharmaceutical companies are often the target for cynicism and distrust. Indeed, few industries are more reviled. And to some extent, it's understandable. In order to sell their products, pharmaceutical companies have occasionally acted aggressively, unethically, and, and even illegally."

Herd Immunity

The mumps outbreak in 2009 showed that even vaccinated people are at risk. In order to stop the spread of infections, a certain percentage of the population needs to be vaccinated, a phenomenon known as population or herd immunity.

Herd immunity is invoked in support of compulsory vaccination, as in schools. The rather tenuous argument is made that the unvaccinated threaten the vaccinated. "Killing grandma," in the case of Covid.

When the vaccines work, the unvaccinated pose no threat. In some cases, they do not work. Offit presents examples of measles and pertussis spreading due to low vaccination rates. Even

when the herd immunity hypothesis was satisfied, the numbers of serious outcomes were small, and the outbreaks satisfactorily contained. Steve Kirsch – see the link in the measles discussion – addresses the relative risks, whereas Offit does not.

Alternatives to Vaccines

Several factors can change the risk ratio substantially for an individual who is free to choose not to be vaccinated.

First, healthy people have better immunity. People who get sunshine, work out, and avoid alcohol, tobacco and obesity are substantially less likely to contract any disease.

Vitamins, especially Vitamin D, boost immunity considerably. It is telling that the establishment did nothing to promote vitamin D usage during Covid, and in some instances actually denigrated it.

Antibiotics are effective against bacterial infections. Ivermectin and hydroxychloroquine proved effective even against the viral disease Covid 19.

Taken altogether, these factors dramatically reduce the threat posed by the diseases against which people vaccinate. Offit might consider permitting the freedom to choose not to accept the risk of vaccination. Bodily autonomy should be a fundamental human right.

Comparisons between vaccinated and unvaccinated

Offit is a vaccine advocate. In his mind the studies have been done. In any case, it is hard to find similar groups of vaccinated and unvaccinated children to make comparisons. Making them can be dangerous. Pediatrician Paul Thomas allowed patients in his large practice to make their own choices. He published [The Vaccine Friendly Plan](#), making the observation that the unvaccinated had better overall health.

The establishment came after him with a vengeance, taking away his license to practice medicine. This has been the fate of many others, among them England's Andrew Wakefield, who questioned vaccines.

Removing Product Liability

There were a series of lawsuits against vaccine makers in the 1980s. The results were predictable. Pharmaceutical companies abandoned vaccines.

"In three months the United States would run out of pertussis vaccine. Mason knew what was at stake; he had to do something to extend the supply."

The solution for the establishment was to stretch out the schedule for administering DTP shots instead of determining whether the vaccines were safe or making them safe. See below under pertussis.

Subsequently

Realizing that American children might soon be denied lifesaving vaccines, the federal government stepped in. On October 18, 1986, the last day of the Ninety-Ninth Congress, legislators passed a bill that protected vaccine makers: the National Childhood Vaccine Injury Act. One month later, President Ronald Reagan signed it into law. The act contained the Vaccine Injury Compensation Program (VICP), which included a list of compensable injuries possibly caused by vaccines. Designed to make things easier for parents, the act specified awards for loss of earnings, lawyers' fees, and up to \$250,000 for pain and suffering. At the center of the program stood the injury that had led to the act's passage: seizures and brain damage allegedly caused by pertussis vaccine.

The Vaccine Injury Compensation Program turned out to be more costly than expected, so the government reined it in to the extent that very few claims have been paid for Covid 19. Even earlier, as Offit quotes:

Rebecca Estep, a mother of a child with autism, said, "I was disappointed but not surprised. Vaccine court is a system where government attorneys defend a government program using government-funded science decided by government judges. I don't think these children had much of a chance."

Autism

"One year after [Andrew] Wakefield proposed that MMR caused autism, the vaccine-autism hypothesis shifted. In 1999, the American Academy of Pediatrics and the Centers for Disease Control and Prevention worried that children might be receiving too much mercury in vaccines, called for pharmaceutical companies to remove a mercury-containing preservative called thimerosal. The frightening and precipitous manner in which this was done gave rise to several groups that believed mercury in vaccines caused autism: SafeMinds, Moms Against Mercury, Generation Rescue, and the Autism Action Coalition. Now, parents weren't scared just of MMR; they were scared of any vaccine that contained thimerosal."

Offit glosses over aluminum, more often used as an adjuvant even when thimerosal was still in use. He makes the simple claim that we use it in frying pans and anti-acids – how bad can it be?

The term "[blood-brain barrier](#)" does not appear in the book. Aluminum injected in adjuvants has passed the natural protective mechanisms that keep foreign substances out of the brain. Once there, it is very difficult to dislodge. One mechanism is chelation. However, Offit finds

"Handley has a cure: chelation, a potentially dangerous therapy of unproved efficacy that helps rid the body of heavy metals like mercury and lead."

This is absolutely false. Fiji brand mineral water in the US, and Dr. OM in Ukraine, are rich in silica, a natural chelation agent. Chelation is the chemical process of getting metals to bind

within organic molecules so the body can excrete them. Every health food store carries chelation agents.

"Again, the academic and public health communities responded, performing six large epidemiological studies examining the risk of autism in children who had or hadn't received vaccines containing thimerosal. The results were reproducible and clear: thimerosal didn't cause autism. Consistent with these studies, after the spring of 2001, when thimerosal was taken out of all vaccines recommended for young infants, the prevalence of autism continued to climb."

The Omnibus Autism Proceeding of the Vaccine Injury Compensation Program, a group of lawyers, not doctors or statisticians, found that there was no proven connection between vaccinations and autism. It saved the government a lot of money and let the vaccine makers off the hook.

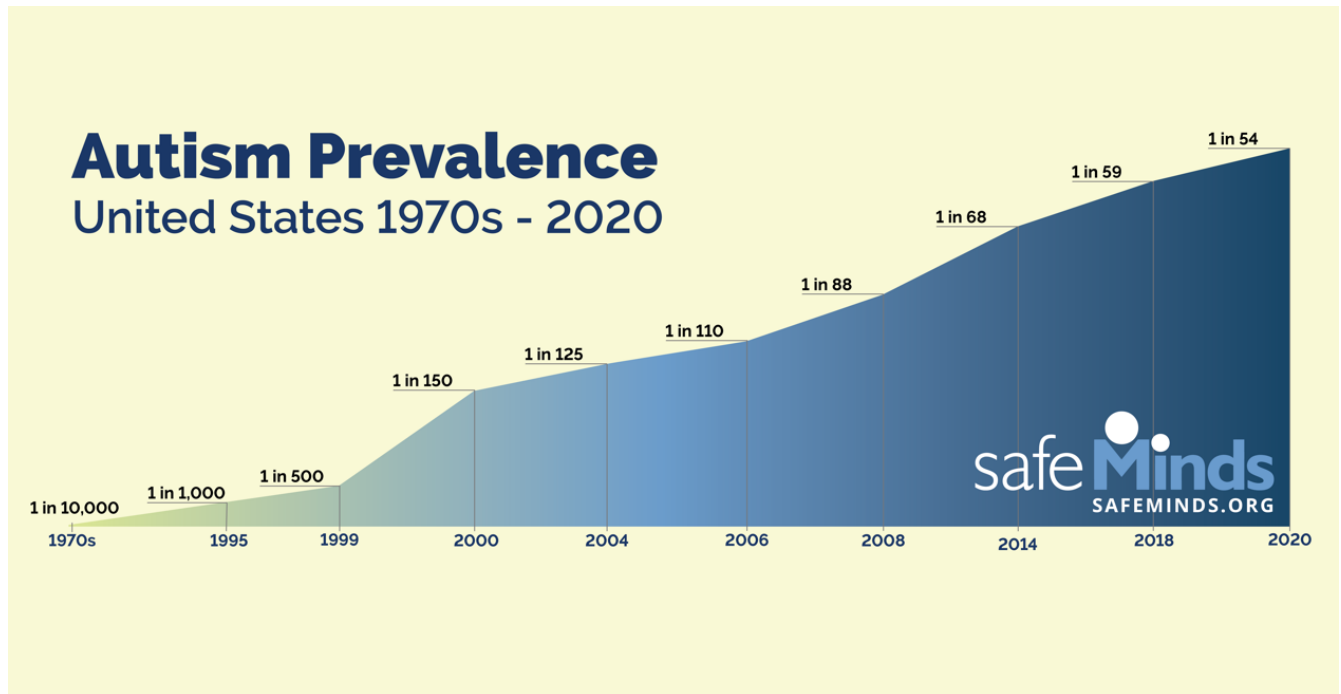
Absence of proof is not proof of absence. Steve Kirsch writes in the [blood-brain link above](#): "Even today [2023], the CDC is still claiming on their website that thimerosal is eliminated from the body." However, even the government studies have found that this is [wrong](#).

"Was the 2005 Burbacher study wrong about the mercury going into your brain? Nope. It's been confirmed 21 times. Here's the most recent review showing that the mercury in thimerosal goes into your brain, confirming what we knew 15 years ago: 22 studies showing ethyl- and methylmercury cross the blood-brain barrier using the same LAT system."

The [CDC vaccine glossary](#) entry for autism states:

Autism spectrum disorder (ASD): A developmental disability that can cause significant social, communication, and behavioral challenges. ASD is usually diagnosed between 18 and 30 months of age. **At this time, the cause of autism is not known although many experts believe it to be a genetically based disorder that occurs before birth.**

However, the CDC also acknowledges that the incidence of autism has risen from 1 in 10,000 in 1970 to 1 in 54 in 2020, a 185-fold increase. No genome changes remotely so quickly. There has to be another explanation, and vaccination seems to be the only plausible one.



Trust

Offit writes that

"When parents choose not to vaccinate their children, one element is critical to the decision: trust. The choice not to vaccinate is a choice not to trust those who research, manufacture, license, recommend, promote, and administer vaccines – specifically, the government, pharmaceutical companies, and doctors. If we are to believe again the vaccines are safer than the diseases they prevent, we're going to have to trust those responsible for the period. This isn't going to be easy."

This is absolutely true. It will not be easy. Among the controversial people who are not named in the book is Anthony Fauci. Offit has some good words to say about AZT, one of Fauci's highly profitable pets, one execrated by the gay community, but nothing about Fauci himself.

"Pharmaceutical companies are often the target for cynicism and distrust. Indeed, few industries are more reviled. And to some extent, it's understandable. In order to sell their products, pharmaceutical companies have occasionally acted aggressively, unethically, and, and even illegally."

Conclusion

Offit continues to express the unwavering faith in vaccines he displayed in this 2011 book. While the book addresses many of the relevant topics, it does not address the most important question – that of the balance of risks.

To be convincing, the book would need to make statistical arguments to the effect that the risk posed by the vaccines is less than that posed by the diseases. Instead, he continually raises the specter of what would happen if people stopped vaccinating.

The answer is that we don't know. Childhood vaccination has been mandated for more than a century. We can observe that populations that do not vaccinate – Seventh Day Adventists, Amish and skeptics like those in my Ukraine – do not disproportionately contract the diseases in quest