

**Review: Greg Beattie, *Fooling Ourselves on the Fundamental Value of Vaccines*, 2012**

**Pages:** 123

**Demolishing Vaccine Idols**

Driving a train of unstoppable logic, Greg Beattie smashes through one idol after another in this Vaccine Age, caring for neither academic credentials or haughty statements issued from on high by regulatory bodies.

His main tool employed is the humble anachronism, that vaccines could not have been the source for the first world's health improvements precisely because they were either late comers (e.g. measles, polio, and pertussis) or no-shows (e.g. typhoid and scarlet fever).

What did lower mortality and morbidity was good nutrition, sewerage and plumbing technology, and personal hygiene, the main things lacking in the Third World and which cannot be fixed by needles.

Little-known problems such as disease incidence versus reporting, and doctor reporting participation and bias are well thought out showing how alleged threat of disease is magnified by orders of magnitude.

It is clear that as well as being unsafe, vaccines are also ineffective.

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**Introduction** (pp. 2-3)

I) **The Belief** (pp. 5-)

The belief vaccination transformed our world is the most universal medical belief of our time.

Measles had reduced 99.5% prior to vaccination.

Diphtheria vaccine was delayed in Australia due to the Bundaberg tragedy of 1928 but from the 1940s at introduction cases were already down 80%.

Croup is laryngeal diphtheria.

Pertussis vaccine was introduced gradually from the 1940s.

According to the Cochrane Collaboration, of the 23-year life expectancy improvement, medicine could only take credit for 1-2 years.

Nutrition, hygiene, then sanitation were the main drivers of improved health outcomes.

A debilitated organism is far less resistant to all forms of disease, with mild diseases like measles causing 300 times more deaths in developing countries.

The Australian Health system's prime directive is mass vaccination.

Peer-reviewers live in echo chambers.

## **II) A New Chapter (pp. 21-34)**

Despite grand claims, no one knows how many die from measles in Africa, and 'saved lives' are derived from an excel spreadsheet model. The only provable fact is that vaccination rates in Africa have increased.

Sub-Saharan and India are thought to make up 85% of worldwide measles deaths.

One Millennium Development Goal is universal vaccination of all 1-year olds.

### III) The Reality (pp. 35-54)

Measles is a respiratory infection.

Between 1940 and 1955 an estimated 56 deaths per 100,000 were avoided, however, total non-VPD diseases dropped by 150 per 100,000.

Bacterial Tracheitis is an upper respiratory tract infection similar to diphtheria. which disappeared from the medical literature.

From 1935-2000 the claim is vaccination saved 70,000 lives, but pneumonia deaths dropped 330,000 *without* any vaccine.

When DPT was introduced, disease notification went to zero as doctors assumed pertussis was something else since vaccines always worked.

### IV) The Data (pp. 55-66)

The true incidences of whooping cough, measles, diphtheria, and polio have never been known.

In the USA, only 1-2% of pertussis cases are reported to the national surveillance system.

Illnesses of public health concern are placed on the *notifiable diseases register*.

Doctor reporting participation varies from 9% to 99%.

Astoundingly, disease diagnosis is often based on immunisation history!

Tetanus can not be categorised in a laboratory.

Disease notifications often go down *after* a vaccination campaign is announced, except for unvaccinated where it goes up. Most of Australia actually stopped tracking pertussis altogether after mass vaccination.

### **V) Revisiting the Paradigm (pp. 67-75)**

Medicine equates antibodies with immunity and microbes with illness.

At least 23 enteroviruses can cause clinically indistinguishable symptoms as polio.

AFP is the illness formerly known as polio.

Haemophilus influenza type B is not defined by symptoms, only the presence of a microbe. It is said to cause meningitis.

UK researchers found that of 3,442 *notified* cases of measles only 3.7% had the virus.

Vaccines are developed on a per-microbe basis.

There are between 10 million and a billion different bacteria species on earth.

About 25% of healthy children carry meningitis-causing bacteria, and 90% have meningococcal.

### **VI) Inventing New Diseases (pp. 77-87)**

Hib vaccine was introduced in 1992-93 in Australia.

Since measles patients tended to have rubeola virus, that was the measles virus.

Quick and inexpensive lab techniques were developed in the 1990s which coincided the rise of microbe detection in place of illness detection.

Hib *may* cause pneumonia, meningitis, or epiglottitis (inflammation of the cartilage that covers the vocal cords), but so can other pathogens, including *Neisseria meningitis* and *Streptococcus pneumoniae*.

Pneumococcal vaccination only commenced in 2001 for “high risk” children. It is claimed to be an overwhelming success because *notifications* have dropped since 1991, however, there is no data prior to comparison meaning this may just be association.

Microbe ‘control’ is currently via vaccine and antibiotics, but disease control is a modern disaster.

## **VII) The Peculiar Story of Polio (pp. 89-107)**

Paralytic polio was largely conditional on the person’s condition at infection.

The first vaccine was introduced in the 1950s, after which only *paralytic* polio (PP) was counted as ‘polio’, and the paralysis had to last for sixty days.

Nowadays, doctors need to get two stool samples tested, and then a panel of experts must assess whether it is polio (The Poliomyelitis Surveillance Committee).

PP now manifests as aseptic meningitis, Guillaine-Barre syndrome, cerebral palsy, encephalomyelitis, tranverse myelitis, demyelination, diplegia, and hemiplegia.

AFP is at 1 per 100,000 in Australia.

From 1986-1991 in the Americas PP dropped from 930 to 6, but AFP went from 1,000 to 2,000.

In 1991, the WHO China polio eradication campaign commenced, but from mass vaccination in 1971 they convinced China to rename most polio cases as Guillaine-Barre Syndrome or Chinese Paralytic Syndrome (GBS increased tenfold).

The WHO's Global Polio Laboratory Network was created in 1990 and today numbers 145 laboratories.

In 2007, India's *The Hindu* said the National Polio Eradication Programme did not work, and that the failure was mainly a water and sanitation problem. That year there were 1,600 cases of VDPV from the OPV, and 27,000 of unknown paralysis. Children receiving ten OPV doses still get polio.

The 1988 World Health Assembly urged its 160 member states to eradicate polio by 2000 and claims that vaccines have saved 5 million.

Polio can be provoked by injection, line for antibiotics (the reason why tablets are given now).

In the 1940s and 50s, the UK Medical Research Council estimated 13% of polio was caused by diphtheria. and pertussis vaccination.

Buttock injection is particularly dangerous.

Medicine has dropped tonsillectomies since removal of this protective lymphatic tissues can provoke paralysis.

### **Conclusion (pp. 109-114)**

Vaccination 'science' is consensus science.

### **Appendix I) Smallpox (pp. 115-118)**

Smallpox vaccination was introduced 1798 and made compulsory in 1853.

Scarlet fever death rates dropped the same rate as smallpox without a vaccine.

The largest smallpox epidemic happened *after* mandatory vaccination, in 1871-1872, killing 40,000. 97.5% of people under 50 were vaccinated.

### **Appendix II) What's In a Shot (pp. 119-122)**

-Formaldehyde (for embalming corpses).

-Glutaraldehyde (a strong disinfectant).

-Lactose<sup>†</sup>.

-Medium 199 (tissue culture medium).

-Polysorbate 20 and 80 (emulsifiers).

Dr Viera Scheibner has a standing open challenge for anyone to take bodyweight-adjusted vaccine doses per the latest vaccine schedule.

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<sup>†</sup>Which may explain increasing phenomenon of lactose intolerance.