

The Religion of Vaccine Science

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If you were offered an investment opportunity that had an estimated 20% chance of success, or an 80% chance of failure, would you invest?

In the game of professional baseball, a 20% batting average represents a top batter. In 2021, some of the [best teams with the highest batting averages are](#) the New York Yankees, with a .268 average, the Baltimore Orioles with a .272 average, and in third place, the Los Angeles Dodgers, boasting a .263 average.

Ball games aside, would you accept a 20% chance of success for a medical product that has no track record for success and comes with a growing list of *adverse events* in your body?

A 2018 university study predicted that [that year's flu vaccine would be limited to a 20% efficacy](#). This was the same 20% effectiveness that came with the 2015 and 2016 versions of the flu vaccine. That's *par for the course* if you golf, or if you observe the flu vaccine's [effectiveness since 2005, from the Center for Disease Control and Prevention \(CDC\) chart](#).

Vaccine Science By Design

Low safety and efficacy ratings for flu vaccines are nothing new. Remember the [Swine Flu epidemic fiasco](#) that never was? The Swine Flu vaccine mirrors the fact that flu vaccines are built to fail. Medical history demonstrates vaccine

failure [since the Smallpox vaccine](#). The polio vaccine “[Cutter Incident](#)” caused 40,000 cases of polio in 1955, and paralyzed between 13,000 and 20,000 children every year. Cutter Labs was thought to be the maker of the problem vaccine. The polio vaccine was later found to be contaminated with the [Simian \(monkey\) virus](#) that caused cancer.

The court ruling against Cutter Labs opened the floodgates to a wave of litigation. As a result, vaccines were among [the first medical products almost eliminated by lawsuits](#). By design, the National Vaccine Injury Compensation Program was introduced in 1986 to protect vaccine manufacturers from litigation, with the disastrous consequence of leaving the people unprotected. Ultimately, the Cutter Incident was investigated and tracked to Wyeth Pharmaceuticals, which was later absorbed by Pfizer Inc. [Read about The Wyeth Problem](#), now functioning as Pfizer Inc, maker of the new mRNA vaccine.

Why are vaccine makers not liable when their products fail? Because vaccine science was created to be protected against liability, loss, or damage *by design*. Vaccine science assumes zero risk and asks the customer to assume all the risk.

The Religion of Vaccine Science

When failed technology is protected and promoted as “the gold standard” by allowing [only a small few companies to manufactures vaccines](#), then [science becomes a religion of Scientism](#).

Scientism declares, “the science is settled and discussion is pointless.” Scientism runs on the engine of Social Engineering in order for the priest-scientists to control the behavior of the population through an inter-network, eventually connected to an [artificial neural network](#). Democracy is replaced by [Technocracy](#). Natural immunity is replaced by artificial immunity.

Scientism underlies both Technocracy and Transhumanism. –

Patrick Wood, author of [Technocracy Rising](#)

True science explores the natural world using the time tested science method of repeated experimentation and validation. Alternatively, Scientism is a speculative worldview and humanity's relation to it, where scientists and engineers are the priests that find their own solutions, which can only be determined behind closed doors. These solutions are called mandates.

In 2020, The Physicians for Informed Consent presented [9 Flu Vaccine Facts](#) based on research from medical journals demonstrating that mandates have no basis in science. The top facts are:

1. There is a 65% increased risk of non-flu respiratory illness in populations that get the flu vaccine.
2. The flu vaccine does not reduce demand on hospitals.
3. The flu vaccine does not prevent the spread of the flu.
4. The flu vaccine fails to prevent the flu about 65% of the time.
5. Repeat doses of the flu vaccine may increase the risk of flu vaccine failure.
6. Death from influenza is rare in children.
7. The flu vaccine does not reduce deaths from pneumonia and flu.
8. Patients don't benefit from vaccination of healthcare workers.
9. Flu vaccine mandates are not science-based.

Scientism means scientific definitions can change on a whim.

Changing Definitions of Immunity Under Religious Doctrine

Did you know [the definition of “vaccine” changed](#) in September of 2021? Coincidence?

Vaccination Pre-2015: Injection of a killed or weakened infectious organism in order to prevent the disease.

Vaccination 2015-2021: The act or introducing a vaccine into the body to produce immunity to a specific disease.

Vaccination September 2021: The act of introducing a vaccine into the body to produce protection from a specific disease.

Vaccination opposes the definition of [Natural Immunity](#), which refers to the natural exposure to an infectious agent or other antigen by the body. The body responds by making its own antibodies. [Vaccination destroys natural immunity](#).

Before Scientism, colds and flus came and went on their own as part of [natural immunity](#). Colds and flus were a right of passage and part of a natural cycle of health in the population. The CDC recognizes natural immunity for chicken-pox and measles, mumps, and rubella. [But not for COVID-19?](#)

The infectious process, once part of being human. After enough people successfully clear infections, naturally, the whole community is protected through *Herd Immunity*, but even [that definition](#) has been altered from *Herd Immunity* to *Community Immunity*.

“Fully vaccinated” used to mean “more than two weeks after the second vaccination of a two-shot series.” Now, [“fully vaccinated” means you have been injected with the latest booster](#). For now that means three COVID doses. But make way for the upcoming [Omicron variant vaccine](#).

Clearing infections was not an outside event. It is what the body’s innate immune system is built to do, which results in the production of antibodies that strengthen the immune system

to fend off bigger problems later on. When you say [goodbye to the Germ Theory](#), there is no need for any injection, since the Germ Theory is still a theory after all these years.

Flu Vaccine Mandates since 2005

Since [2005, mandatory vaccination polices have been creeping into healthcare facilities](#), forcing adults to take the jab or lose their jobs. Several vaccine choices are offered, from thimerosal-free formulations to the intranasal version.

While the phase out of the neurotoxin, mercury in flu vaccines, the neurotoxin, aluminum, was phased in as an adjuvant to hyperstimulate the immune system. However, not disclosed was the increase in autoimmune disease from aluminum adjuvants ([also known as A.S.I.A.](#)) Also not disclosed was the fact that artificial immunity, replaces life-long immunity.

An influential voice in medical research, [Peter Doshi, PhD](#), associate professor of pharmaceutical health services at Maryland School of Pharmacy, and senior editor at the British Medical Journal became a controversial voice when he published his research. In 2013, Doshi wrote in a BMJ review, [“Influenza: marketing vaccines by marketing disease”](#):

1. vaccines are being pushed on the public in unprecedented numbers, they are less effective and cause more side effects than alleged by the CDC.

2. no evidence exists to show that this reduction in the risk of influenza for a specific population – here in the United States, among healthy adults,

3. officials need only claim that vaccines save lives, and it is assumed there must be solid research behind it,”

4. influenza is a case of “disease mongering” in an effort to expand markets and points to the fact that deaths from flu declined sharply during the middle of the 20th century, long before the huge vaccine campaigns that kicked off the 21st century.

5. ...even the ideal influenza vaccine, matched perfectly to

circulating strains of wild influenza and capable of stopping all influenza viruses, can only deal with a small part of the 'flu' problem because most 'flu' appears to have nothing to do with influenza. Every year, hundreds of thousands of respiratory specimens are tested across the US. Of those tested, on average 16% are found to be influenza positive.

Medical Industry Stance

The medical industry has always stated that a cold and flu vaccine could not be made for the following reasons:

1. Cold vaccines fail because colds (and flus) are not caused by a single virus.
2. One of the difficulties in developing a vaccine for the common cold is there are at least 200 different viruses that can cause cold symptoms, including adenoviruses, coronaviruses, parainfluenza, and rhinoviruses.
3. Rhinoviruses are to blame for up to 50% of all common colds. But of these rhinoviruses, there are more than 150 strains circulating at any one time.
4. Due to the limitations of current technologies, there is no way for one vaccine to protect against all possible types and strains of the viruses that cause the common cold or its variants.
5. The pneumonia vaccine, for example, contains 23 different bacterial strains. Researchers are trying to use similar technology to get 80 to 100 viral strains into a single common cold vaccine, however, since 2013, the conclusion from the Cochrane Library and Database suggests that ***"There are no conclusive data to support the use of vaccines for preventing the common cold in healthy people."***

Flu Vaccine More Dangerous Than Flu

Meanwhile, the government quietly pays out settlements for

[damages and death](#) resulting from FDA-approved flu vaccines. According to hundreds of adjudicated settlements in the private Vaccine Court, the flu vaccine is dubbed “[the most dangerous vaccine](#).”

Meanwhile, children and adults are reported to suffer and die from “symptoms of the flu” without reporting on [vaccination status](#). However, just because the science says you cannot build a cold/flu vaccine that is safe and effective does not mean that pharmaceutical companies won’t build them. After all, these companies have a reputation to uphold where is money to be made, and no liability for damages from their products. Vaccine makers are moving fast, from [egg-based vaccines to recombinant mRNA vaccines](#) that were rushed as “experimental,” without FDA approval, into the arms of millions of people worldwide.

COVID CON-tradictions

The syndrome of symptoms called COVID is often compared to the 1918 Spanish flu pandemic. However, no one knows that 1918 deaths have been reported to have resulted from a bacterium, not a virus. The 2008 NIH [published report by Anthony Fauci](#) on the 1918 Spanish flu states:

...most victims succumbed to bacterial pneumonia following influenza virus infection. The pneumonia was caused when bacteria that normally inhabit the nose and throat invaded the lungs along a pathway created when the virus destroyed the cells that line the bronchial tubes and lungs.

..as in 1918 – a similar pattern of viral damage followed by bacterial invasion could unfold, say the authors. Preparations for diagnosing, treating and preventing bacterial pneumonia should be among highest priorities in influenza pandemic planning.

Coronavirus “virus” and its “variants,” are included in the

Family called *Coronavirus*. [Variants are artifacts of vaccines](#). Unbeknownst to most people, **a list of all Coronavirus variants, past, present, and future, have already been identified, by Johns Hopkins University, from [alpha to omega going out to February of 2023](#)**. Get ready for the next Omicron-specific variant vaccine for January of 2022 by Novavax, "[whether or not its current vaccine works against the variant](#)." [Moderna may have the Omicron jab ready by March of 2022](#).

Similar to the flu vaccine, vaccine makers of mRNA COVID injections say recipients are not protected from acquiring new COVID breakthrough infections/variants. In the medical literature, Breakthrough Infections occur only in vaccinated people.

Definition: a "breakthrough case" is when a fully vaccinated person later gets the disease they were vaccinated for. – [SC Department of Health, Nov. 2021](#)

Breakthrough infections mean *declining vaccine effectiveness*. [See [Israeli study](#) and [Qutar study](#)]. With declining vaccine effectiveness in the face of death to the immune system, breakthrough infections are [hazardous to health](#). Why do the FDA and CDC ignore reports that [90% of hospital admissions are vaccinated people](#)?

mRNA injections will also not prevent a recipient from transferring "COVID symptoms" to others via *shedding*. However, that is where the similarities between Flu vaccines and COVID injections end. The science says that [Immunocompromised people are 3X more likely to get COVID](#) . So why promote boosters?

No Data To Report

The [FDA requires years of additional safety studies on all mRNA vaccines thru 2027](#). That is why the FDA only *renewed* the Emergency Use Authorization (EUA) for Pfizer's COVID vaccine;

approval was for BioNTech's Comirnaty vaccine. Without transparency and accountability there is only religious doctrine. [The U of Chicago Medicine](#) says:

No data exists on the (COVID) vaccines' effectiveness in immunocompromised patients because they weren't included in the initial clinical trials. This is true of all vaccine trial studies.

According to [MedicalXpress](#), "We also don't know for sure whether this vaccine is safe and effective in different types of people, such as pregnant women, the elderly, or those with a chronic illness." Yet, these groups all received a green light for injection. In medical circles, when doctors do not know the origin or cause of disease, they call it idiopathic. When there is no data and no proof of safety or effectiveness, they call it a mandate.

From the [Advisory Committee on Immunization Practices](#) (ACIP), no data are currently available on the safety and efficacy of mRNA COVID-19 vaccines in persons with autoimmune conditions.

In November of 2021, the story changed to: *COVID infections in fully vaccinated people are more severe in the immunocompromised.* [According to the study](#), the proportion of people with breakthrough infections was three times higher among immunocompromised individuals (0.18%) than among the reference group of non-immunocompromised people (0.06%).

For a more in depth look into the *CON*tradictions of the Coronavirus bacterium and the COVID mRNA vaccine, read [The Great Heist: COVID To Global Reset](#) .

In a November of 2021 roundtable discussion on the COVID mRNA vaccine, [held in Wisconsin](#), Peter Doshi stated:

I argue these products which everyone calls mRNA vaccines are qualitatively different from standard vaccines. So I found it

fascinating to learn that Merriam Webster changed the definition of vaccine early this year... mRNA products did not meet the definition of vaccine that has been in place for over 15 years, but the definition was expanded such that mRNA products are now vaccines.

What is 20% of nothing? Are you willing to invest in pseudo-science?

How have so many people been deceived, duped, and distracted when many people have developed natural immunity from infections since their birth? For those wanting to see the data, there are more than 135 studies affirming natural immunity of COVID19, [see this website](#)

We're not in a pandemic of the unvaccinated. If hospitalizations and deaths are almost exclusively occurring in the unvaccinated "why would booster shots be necessary?". And why would the statistics be so different in the UK, where most COVID hospitalizations and deaths are among the fully vaccinated?" – [Peter Doshi](#),

Related articles:

- [Say Goodbye to the Germ Theory](#)
- [Recycling the 1918 Spanish Flu Pandemic](#)
- [Pandemic or Global Reset](#)
- [By Executive Order: Faster Deployment of Flu Vaccines](#)
- [Standing Your Ground Against Forced Flu Vaccines](#)
- [Panic Propaganda](#)
- [When the Flu is Not The Flu](#)
- [The Transhumanist Agenda: Loss of Identity](#)

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