

'Vaxxed' – How Vaccine Safety Is Undermined and Suppressed

by [Dr. Joseph Mercola](#)

September 28, 2019

[Source](#)

STORY AT-A-GLANCE

- "Vaxxed" is a film investigating claims that vaccines have nothing to do with the autism epidemic
- A 2017 study, which examined health outcomes among 3- to 5-month-old infants following the introduction of DTP and oral polio vaccine in Guinea-Bissau, found that DTP vaccination was associated with fivefold higher mortality from all causes than being unvaccinated
- William Thompson, Ph.D., a (now former) senior scientist at the CDC's National Center for Immunizations and Respiratory Diseases, confessed that he conspired to cover up links found between the measles-mumps-rubella (MMR) vaccine and autism
- The original MMR vaccine was found to cause meningitis, and the younger the patient at time of vaccination, the higher the risk of developing meningitis. CDC-funded research suggested there's a heightened risk for autism in some children when the first MMR dose is given at an earlier age
- CDC whistleblower Thompson stated that a 2004 CDC study was manipulated to erase a link between MMR vaccine and autism in African-American boys who received their first MMR vaccine before the age of 36 months, which resulted in a 3.36 times greater risk of developing autism

compared to those who received the vaccine after the age of 36 months

Can vaccines trigger autism? This is the topic of the film “Vaxxed: From Cover-Up to Catastrophe,”¹ directed by Andrew Wakefield and produced by Del Bigtree, an Emmy Award-winning producer of “The Doctors” talk show.

The film became the center of controversy when it was pulled from the Tribeca Film Festival lineup in 2016 by Robert De Niro and Jane Rosenthal, the two founders of the well-known film festival. According to Rosenthal, other filmmakers had threatened to withdraw their films from the festival if “Vaxxed” was shown.

While De Niro admitted feeling pressured to pull the film, he urged people to see it, saying there are many issues relating to the way the U.S. Centers for Disease Control and Prevention (CDC) evaluates and monitors the safety of vaccines that are not being openly spoken about, and really should be addressed.

Are Vaccines as Thoroughly Researched as Claimed?

The official stance repeated by most mainstream media is that vaccines have been thoroughly researched, that “hundreds” of studies have proven their safety, and that no link between vaccines and health problems, such as autism, have ever been found.

Again and again, you hear that the autism-vaccine link was based on a single study published in 1998 by a now-“discredited” doctor (Wakefield), and the hypothetical association between vaccines and autism has since been thoroughly and repeatedly debunked. It sounds definitive enough, and is often repeated as established fact. Yet it’s far from the whole truth.

Importantly, the [vaccine industry](#) has long shied away from evaluating [vaccinated versus unvaccinated populations](#) to determine potential differences in general health outcomes. The few independent scientists who have attempted such an investigation have little comfort to give to those who believe vaccines are essential for health, and mandatory use of vaccines by all children is the only way to protect society from disease.

One such study,² published in 2017, examined health outcomes among infants 3 to 5 months old following the introduction of diphtheria-tetanus-pertussis (DTP) and oral [polio vaccine](#) in Guinea-Bissau, which took place in the early 1980s. This population offered the rare opportunity to compare vaccinated and unvaccinated children due to the way the vaccines were rolled out in the West African country.

Shockingly, researchers discovered “DTP was associated with fivefold higher mortality than being unvaccinated.” According to the authors, “All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis.”

In other words, the researchers concluded that [DTP vaccine](#) weakened the children’s immune systems, rendering them vulnerable to a whole host of other often deadly diseases and serious health problems.

Other clinical trials in West Africa revealed that a high-titer measles vaccine interacted with the DTP vaccine, resulting in a 33 percent increase in infant mortality.³ In this case, the finding led to the withdrawal of that experimental measles vaccine targeting very young infants, but what would have happened had those studies never been done? Clearly, we need many more like them.

In the U.S., the CDC now recommends that children receive 69 doses of 16 vaccines by the time they’re 18 years old, with 50

doses of 14 vaccines given before the age of 6.⁴ How does this affect their health? And is anyone actually tracking the health outcomes of children adhering to the federally recommended childhood vaccine schedule and state mandatory vaccination programs?

The answer is no. We do not know if or how all of these vaccinations are affecting the general health and mortality of our children.

We do, however, know that the U.S. has one of the highest [infant and maternal mortality rates](#) of any developed nation,^{5,6} and we also have the highest vaccination rates with 94 to 96 percent of children entering kindergarten having received multiple doses of vaccines.⁷ This high vaccination rate among kindergarten children, mostly due to state vaccine laws that require vaccinations for school attendance, has been maintained in the U.S. since the 1980s.⁸

Whistleblower Admits CDC Manipulated Data

A central part of the “Vaxxed” storyline centers around William Thompson, Ph.D., a senior scientist at the CDC’s National Center for Immunizations and Respiratory Diseases (NCIR), who confessed that he conspired with colleagues to cover up links found between the measles-mumps-rubella (MMR) vaccine and autism.

According to Thompson, this scientific fraud was committed for the express purpose of covering up potential safety problems so the agency would be able to maintain that the MMR vaccine had been proven safe to give to all children. Thompson explained they simply eliminated the incriminating data, thereby vanishing the link.

How FDA and CDC Hid Evidence of Mercury Poisoning

Robert F. Kennedy Jr., founder of the former World Mercury Project and chairman of the Children's Health Defense, has exposed how officials at the CDC and FDA knew that infant vaccines were exposing American children to mercury far in excess of federal safety guidelines since 1999.

Even so, when they held a meeting in 2000 to discuss it, the CDC "moved aggressively to hastily gin up five poorly designed epidemiological studies" to deny any link between mercury (thimerosal) and its dangers to children.

As Kennedy told The Epoch Times, three of those five studies were published in the journal Pediatrics, which is severely compromised since it depends heavily on vaccine revenues for its existence. He added:⁹

"In response to pressure from Congress and the public, the FDA conducted a review in the late 1990s that found that the amount of mercury in the childhood vaccine schedule surpassed some federal safety guidelines. Accordingly, the U.S. Public Health Service (USPHS) and the American Academy of Pediatrics (AAP) issued a lukewarm statement in 1999 about thimerosal's potential risks.

The statement's authors called for the phase-out of thimerosal-containing vaccines 'as expeditiously as possible,' while still avowing that 'the large risks of not vaccinating children far outweigh the unknown and probably much smaller risk, if any, of cumulative exposure to thimerosal-containing vaccines over the first 6 months of life.'"

The reason you don't hear about this is because federal health officials conceal it with a statistical trick that massages the numbers to reflect what the CDC and FDA want them to say – a trick they employ often when determining vaccine "safety" – while journalists continue to spout whatever the CDC tells

them. As noted by Kennedy:¹⁰

“Thimerosal is 50% ethylmercury, which is far more toxic and persistent in the brain than the highly-regulated methylmercury in fish.

Hundreds of peer reviewed studies by leading government and university scientists show that thimerosal is a devastating brain poison linked to neurological disorders now epidemic in American children. My book, ‘Thimerosal: Let the Science Speak,’ is a summary of these studies, which CDC and its credulous journalists swear don’t exist.”

This is why journalists who merely parrot the approved FDA and CDC talking points do readers such a tremendous disservice. Both federal health agencies have been accused of malfeasance and cover-up of important drug and vaccine safety data and, until the truth is known, it is unwise to blindly accept them as the final arbiters of what’s safe and what’s not.

The U.S. Department of Health and Human Services (DHHS), which includes the CDC, FDA and NIH, also owns a number of vaccine patents and sells \$4.1 billion in vaccines each year while simultaneously being responsible for vaccine regulation, policymaking, monitoring of vaccine safety and promotion of universal use of all CDC-recommended vaccines.

How can these federal health agencies effectively meet all of these different goals when they have inherent conflicts of interest? They cannot. Yet, these conflicts of interest are rarely if ever mentioned by the media.

What You Need to Know About the ‘Discredited Autism Study’

In the film, Wakefield explains the genesis of his now infamous paper, the so-called “discredited autism study” that vaccine advocates insist is the sole evidence for a link

between autism and vaccines.

What many people don't know is that Wakefield and 12 other coauthors of the paper never actually performed a study to ascertain whether the MMR vaccine caused autism. They also did not state that MMR vaccine causes autism in the paper, but simply called for more research into the potential association.

It all began when a mother contacted Wakefield about her son, whose gastrointestinal and [autism symptoms](#) began after he received his MMR vaccination. An academic gastroenterologist, Wakefield told her he couldn't help, as he had no knowledge about autism. She insisted, saying her son had terrible digestive problems but no one was taking them seriously.

Wakefield decided to look into it and, in 1998, he and 12 colleagues published a case series paper in The Lancet, reporting that parents of 9 of 12 children, who had been seen for chronic gastrointestinal symptoms, reported their children's health deterioration began shortly after MMR vaccination.

It's important to realize that a case series paper is very different from a case control study. A case series simply describes the experiences of a single patient or group of patients with a similar diagnosis.

As Wakefield points out in his book, "Callous Disregard," the purpose of a case study is to "generate new hypotheses." It is not supposed to determine or investigate possible causality – and Wakefield's paper did not make any causal claims. Rather, he and his colleagues concluded:¹¹

"We have identified a chronic enterocolitis in children that may be related to neuropsychiatric dysfunction. In most cases, onset of symptoms was after measles, mumps and rubella immunization."

Further investigations are needed to examine this syndrome and its possible relation to this vaccine."

The paper also explicitly stated that:

"We did not prove an association between measles, mumps and rubella vaccine and the syndrome described ...

If there is a causal link between measles, mumps and rubella vaccine and this syndrome, a rising incidence might be anticipated after the introduction of this vaccine in the U.K. in 1988. Published evidence is inadequate to show whether there's a change in incidence or a link with measles, mumps and rubella vaccine."

Was Wakefield's Paper Fraudulent?

Wakefield's paper was eventually retracted after generating massive international controversy and denials by public health officials and doctors giving vaccines to children, who claimed the paper unnecessarily frightened and caused parents to question the safety of MMR and many other vaccines.

But to use Wakefield's case series paper as "proof" that there is no link between vaccination and autism simply because this paper was retracted is grossly misleading.

It wasn't a case-controlled clinical study designed to investigate or determine causation by comparing health outcomes of two different groups of patients; it was merely a case series paper that described similar health outcomes in patients and presented a hypothesis, nothing more.

According to detractors, including Bill Gates, Wakefield's paper was based on fraudulent, completely made-up data, but such accusations have been rebutted by David Lewis, Ph.D.,¹² a research microbiologist and director of the Research

Misconduct Project¹³ of the National Whistleblower Center in Washington, D.C.

A summary of the Wakefield case can be found on AHRP.org in the article, "How the Case Against Andrew Wakefield Was Concocted."¹⁴ In fact, Lewis' investigation led him to accuse The British Medical Journal of institutional research misconduct¹⁵ for publishing false accusations of fraud against Wakefield. According to Lewis:¹⁶

"Documents recovered from Dr. Wakefield's files during my investigation at the National Whistleblowers Center reveal that a pathologist associated with the study, Dr. Andrew Anthony, interpreted a number of the children's biopsies as evidence of colitis.

Altogether, the evidence contained in Wakefield's files suggested to me that the BMJ's fraud theory was more tabloid news than science."

In the end, what happened to Wakefield is powerful testimony of the danger that research scientists and physicians face if they draw the ire of the vaccine industry, government health officials and medical organizations promoting mandatory vaccination. The threat to one's livelihood is in and of itself a factor that prevents much-needed independent vaccine safety research.

Does Age of Exposure to MMR Vaccine Influence Autism Risk?

According to Wakefield, the history of the MMR vaccine may offer valuable clues to its safety, or lack thereof. The original MMR vaccine was linked to [meningitis](#),^{17,18,19} and the filmmakers cite research suggesting the age of exposure was a significant factor. The younger the patient at time of the

vaccination, the higher the risk of developing meningitis.

Wakefield wondered if perhaps there might be a similar age-related link between MMR vaccine and autism. This research was ultimately done by the CDC, and Thompson was part of that team. As explained in the film, CDC whistleblower Thompson ended up contacting Brian Hooker, Ph.D., and advising him on how to obtain this and other vaccine data from the CDC.²⁰

Copies of the files Hooker obtained from the CDC – about 10,000 in all – can be downloaded from the Vaxxed website.²¹ While Thompson could not legally give the studies to Hooker, he told Hooker to file a citizen's request to the CDC, and guided him on which studies and data sets to ask for.

Among them was a study²² Thompson co-wrote that looked at autism rates and time of MMR vaccine administration, and found evidence for a heightened risk for autism when the first MMR dose was given at 15 months – a finding that was subsequently covered up.

A letter²³ requesting the retraction of this study has been sent, based on the evidence of fraud presented by Thompson.

Protecting MMR Vaccine More Important Than Children's Health

Wakefield also describes the research he did into the testing and licensing of the MMR vaccine and how, based on that research, he could no longer support the use of the combination MMR vaccine. After he urged parents to avoid the triple vaccine and get the single vaccines (i.e., the individual vaccines for measles, mumps and rubella), demand for the single vaccines dramatically increased.

However, rather than allowing parents to choose between MMR and individual vaccines, the U.K. stopped importing the single

vaccines and Merck decided to cease production of the single vaccines in the U.S. This action effectively removed parental choice altogether, compelling parents to use the combination MMR vaccine if they wanted to vaccinate their children.

When Wakefield questioned the rationale behind the U.K.'s decision to eliminate the single vaccines, a senior representative at the British department of health told him that if parents were allowed to choose between the triple MMR and single vaccines, it would destroy the MMR program. "In other words, the concern was for the protection of the program, over and above the protection of children," Wakefield said.

Whistleblower Admits Omitting Data Showing MMR-Autism Link

Thompson also co-wrote a widely cited 2004 CDC study²⁴ that concluded there was no link between the MMR vaccine and autism. However, Thompson admitted this conclusion is actually false, as the team simply massaged the outcome by excluding the data that showed a link.

According to Thompson, he and the other scientists who worked on the study were pressured "from the top" to come to conclusions that would support the government's policy on MMR vaccine safety. The omitted data, Thompson claimed, showed a distinct link between early MMR vaccination and a risk for the development of autism in young African-American boys.

Hooker published a reanalysis of the 2004 CDC data set in 2014, in the journal Translational Neurodegeneration,²⁵ concluding that African-American boys who receive their first MMR vaccine before the age of 36 months have a 3.36 times greater risk of developing autism, compared to those who receive the vaccine after the age of 36 months. (The CDC's childhood vaccination schedule recommends getting

the MMR vaccine between 12 and 18 months.)

For males in general, regardless of race, the risk for autism was 1.69 times greater when MMR was given prior to 36 months of age. Just how was Thompson's team able to hide this rather obvious connection? In short, data were originally obtained on 2,583 children living in Atlanta, Georgia, born between 1986 and 1993.

The original scientific analysis plan specified that school records and/or birth certificates were to be used to obtain race data. By excluding children who did not have a valid state of Georgia birth certificate, they were able to reduce the cohort size by more than 40 percent, and by including fewer subjects – through the introduction of the arbitrary criteria of a valid birth certificate to ascertain race – the statistical power of the findings was eliminated.

How Vaccines May Cause Harm

While a lot of attention has been given to [thimerosal](#), a mercury compound used in some vaccines as a preservative, it's a mistake to think thimerosal is the sole problem when it comes to vaccine safety.

Thimerosal preservatives are not present in live virus vaccines such as MMR, and are not even included in significant amounts in most inactivated childhood vaccines anymore, yet [vaccine-related injury](#) and death, including the unexplained big increase in autism and other neurodevelopmental disorders among children in the past three decades, is still a pressing reality.

What's more, vaccine safety is not simply a matter of proving or disproving the link between vaccines in general and autism specifically. There are many other, potentially severe vaccine side effects, including immune system dysfunction, that can

lead to or exacerbate any number of health problems.

Examples of other vaccine ingredients and factors related to vaccination that may be harmful to health include:

- Lack of research into the safety of the CDC's recommended childhood vaccine schedule that subjects infants and young children to 50 doses of 14 vaccines during the first six years of life, starting on the day of birth, including receipt of six to 10 vaccines on the same day.²⁶
- Failure of one-size-fits-all vaccine policies and laws to acknowledge increased individual susceptibility to harm from vaccination that include genetic, biological and environmental high-risk factors often not identified, or, dismissed as unimportant by doctors and other vaccine providers.²⁷
- Research²⁸ showing an increase in death following receipt of inactivated vaccines. Aluminum adjuvants might be a factor, but it appears inactivated vaccines may also program your immune system in a way that decreases your body's ability to fight off disease later. To learn more about this, please follow the hyperlink provided.
- The gut-brain axis, and the compelling synergy between compromised gut flora and autism, where vaccines can act as a trigger.
- To learn more, please see the hyperlinks, as I've written about this on previous occasions.
The association between autism increases with the introduction of vaccines using human fetal cell lines and retroviral contaminants.²⁹
- The potential for DNA fragments in vaccines to produce an exaggerated and potentially fatal immune response.³⁰

Barring large-scale studies comparing unvaccinated and vaccinated populations, general health statistics can give us

an inkling as to how well the U.S. vaccination program protects our children's health, and it doesn't look promising. What Do Statistics Suggest About Vaccine Safety?

- One in 6 children today has a developmental disability,³¹ which includes ADD/ADHD, autism, hearing loss, learning disabilities, mental and behavior disorders and seizures, which have been associated with vaccine side effects.
- Fifty-four percent of children have a diagnosed chronic illness,^{32,33} including anxiety, asthma, behavioral problems, bone and muscle disorders, chronic ear infections, depression, diabetes, food and/or environmental allergies and epilepsy.

This list again mirrors brain and immune system dysfunction that has been reported following vaccination. The rise in prevalence of these chronic diseases among children and young adults parallels the rise in the numbers of required vaccines, yet promoters of mandatory vaccination insist that these illnesses are in no way associated with vaccinations.

In his book, "[Miller's Review of Critical Vaccine Studies](#)," Neil Z. Miller also provides eye-opening information about vaccine safety. He downloaded the entire vaccine adverse event reporting system (VAERS) database and created a program to extract all reports involving infants. In all, the reports of 38,000 infants who experienced an adverse reaction following the receipt of one or more vaccines were extracted.

Another program was then created that was able to determine the number of vaccines each infant had received before suffering an adverse reaction.

Next, reports were stratified by the number of vaccines (anywhere from one to eight) the infants had received simultaneously before the reaction took place. They specifically homed in on serious adverse reactions requiring

hospitalization or that led to death. Here's what he found:

- Infants who received three vaccines simultaneously were statistically and significantly more likely to be hospitalized or die after receiving their vaccines than children who received two vaccines at the same time
- Infants who received four vaccines simultaneously were statistically and significantly more likely to be hospitalized or die than children who received three or two vaccines, and so on all the way up to eight vaccines
- Children who received eight vaccines simultaneously were "off-the-charts" statistically in that they were significantly more likely to be hospitalized or die after receiving those vaccines
- Children who received vaccines at an earlier age were significantly more likely to be hospitalized or die than children who receive those vaccines at a later age

Why We Must Protect Vaccine Exemptions

All of these facts are why we simply must protect the legal right to exercise voluntary, informed consent to vaccination and to obtain vaccine exemptions in the U.S. We must have the right to choose, which includes the right to refuse one or more vaccines for ourselves or our children if we determine the risks are too great.

Make sure you take action to protect and expand the legal right to make voluntary vaccine decisions in your state by signing up to use the free online [NVIC Advocacy Portal](#).

Moreover, when an individual experiences a deterioration in health after vaccination, doctors need to understand the danger of giving more vaccinations until or unless the vaccine can be conclusively exonerated as a causative or contributing factor to that health deterioration.

Physicians who recommend and administer vaccines to people, particularly to vulnerable infants and children, need to apply the precautionary principle of “first do no harm.” This is critically important when the foundation of science supporting the safety of any given vaccine, alone or in combination, for any given individual is so weak – and in some cases, based on outright fraud.

If you haven’t watched “Vaxxed” yet, I hope you will take the time to view it now, while you can watch it for free.

Resources Where You Can Learn More

- [NVIC Advocacy Portal](#) – Become a registered user of this unique free online communications network that electronically connects you directly with your own legislators and emails you action alerts with talking points so you can be an effective vaccine choice advocate in your state. You can use it to inform your legislators about why it is necessary to protect vaccine exemptions and your legal right to make voluntary vaccine decisions for yourself and your children.
- [Ask 8 Vaccine Information Kiosk](#) – Download brochures and reports on vaccination and how to recognize vaccine reaction symptoms, as well as posters and web badges that you can share with your family and friends. Access the illustrated and fully referenced Guide to Reforming Vaccine Policy & Law to educate your legislator when you advocate for vaccine informed consent rights.
- [State Law & Vaccine Requirements](#) – You can easily obtain your state’s current vaccine policies and laws here.
- [Vaccine Reaction and Harassment Reporting](#) – Search for and read descriptions of vaccine reaction reports made to the federal vaccine adverse events reporting system (VAERS). On NVIC’s website, read about or publicly report a vaccine reaction or describe an experience of

being bullied and sanctioned for attempting to exercise informed consent to vaccination for yourself or your child.

- [Guide to Flu & Flu Vaccines](#) – This Mini Guide to influenza & Flu Vaccines is a brief summary of facts about influenza and influenza vaccines.

Let's Help NVIC Get The Funding They Deserve

This charitable educational organization has been working since 1982 to prevent vaccine injuries and deaths through public education and provide information and counseling to those reporting vaccine reactions, as well as to advocate for the legal right to make informed and voluntary vaccine choices.

During this week I'll match your donations to NVIC up to \$100,000 for this crucial cause. Please consider donating to NVIC to help support their life saving mission and join the vaccine freedom of choice movement today.